

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90247 030 ***150.00

DOCUMENT # M93185

1. Entity Name

DANA NURSERY, INC.

Principal Place of Business

9315 S.E. 126 BLVD.
 OKEECHOBEE FL 34932

Mailing Address

3650 INVERRARY DR. G. #1D
 LAUDERHILL FL 33319

2. Principal Place of Business

3. Mailing Address

3650 INVERRARY DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAUDERHILL FL

Zip

Country

Zip

Country

33319 FL

4. FEI Number **65-0084812**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HELWANI, AYMAN
3650 INVERRARY DR. G#D
LAUDERHILL FL 33319

Name

HELWANI AYMAN

Street Address (P.O. Box Number is Not Acceptable)

3650 INVERRARY DR.

C # 3X

City

LAUDERHILL

FL

Zip Code

33319

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PST HELWANI, AYMAN 3650 INVERRARY DR. G # 1D LAUDERHILL FL 33319	<input type="checkbox"/>	PAUL BAKER P PAUL BAKER 1215 N. W. 12 ST MIAMI FL 33126	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	D. G. G. HELWANI, AYMAN 3650 INVERRARY DR. G # 1D LAUDERHILL FL 33319	<input checked="" type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)