

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 25 PM 4:30

DOCUMENT # M93185

1. Entity Name

DANA NURSERY, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2665 SOUTH BAYSHORE DR.

3. Mailing Address

2665 SOUTH BAYSHORE DR.

Suite, Apt. #, etc.

SUITE 609

Suite, Apt. #, etc.

SUITE 609

City & State

MIAMI, FLORIDA 33133

City & State

MIAMI, FL 33133

Zip

Country

Zip

Country

4. FEI Number

65-0084812

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

FADI A. BAHRI

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

2665 SOUTH BAYSHORE DRIVE

SUITE 609

City

MIAMI

FL

Zip Code

33133

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
FADI A. BAHRI
2665 S. BAYSHORE DR. STE. 609
MIAMI, FL 33133

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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100023338871
09/25/03--01053--010 **150.00

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IN THIS SPACE**

12. 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 10 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 #

CR2E034B (12/02)

212

DANA NURSERY, INC.

2665 SOUTH BAYSHORE DRIVE SUITE 609
MIAMI, FLORIDA 33133

September 15, 2003

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

Dear Representative:

Enclosed please find the 2003 Uniform Business Report (UBR) for Dana Nursery Inc. for processing. I have also enclosed a check in the amount of \$150.00 to cover the filing fee. We respectfully request the waiver of the late filing penalty due to the fact that the original Business Report was never received.

Please note that the address shown on this report differs from the original address recorded as principal place of business address. Please adjust your records accordingly to reflect new business address. Thank you for your assistance in resolving this matter.

Sincerely



Fadi A. Bahri