

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90385 013 ***150.00

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1. Entity Name
VELIZ ORNAMENTAL NURSERY CORP.



Principal Place of Business
**16401 SW 216 STREET
MIAMI, FL 33170**

Mailing Address
**20819 SW 127TH COURT
MIAMI, FL 33177**

24054000



01282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0995808

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VELIZ, YSRAEL
20819 SW 127TH COURT
MIAMI, FL 33177**

**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

Ysrael Veliz

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	VELIZ, YSRAEL
STREET ADDRESS	20819 SW 127TH COURT
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	VD
NAME	VELIZ, ISRAEL
STREET ADDRESS	20819 SW 127TH COURT
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	SDT
NAME	VELIZ, ISRAEL
STREET ADDRESS	20819 SW 127TH COURT
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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 Block 11 if changed; or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ysrael Veliz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/04

Date

305910-2870

Daytime Phone #