FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90164 027 ***150.00

DOCUMENT # P00000060800

1. Entity Name
RAMADA NURSERY INC.

DO NOT WRITE IN THIS SPACE

656374

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
23270 S.W. 134 Avenue	23270 S.W. 134 Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami , Florida	City & State: Miami, Florida
Zip: 33032 Country: USA	Zip: 33032 Country: USA

4. FEI Number: 65-1018521 ☐ 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: Gloria S.Otero

Street Address (P.O. Box Number is Not Acceptable): 23270 S.W. 134 Avenue

City: Miami **FL** Zip Code: 33032

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PSD
NAME	Gustavo Serna
STREET ADDRESS	23270 S.W. 134 AVENUE
CITY-ST-ZIP	Miami, FL 33032
TITLE	TD
NAME	Gloria S. Otero
STREET ADDRESS	23270 S.W. 134 AVENUE
CITY-ST-ZIP	Miami, FL 33032
TITLE	VD
NAME	Jaime Rodrigo Escobar
STREET ADDRESS	23270 S.W. 134 AVENUE
CITY-ST-ZIP	Miami, FL 33032
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ G. S. OTERO, TRA 3/10/02 305-258-9911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #