2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

changed, or on an attachment with

AND TYPED OR PRINTED NAME OF SIGNI

SIGNATURE:

May 05, 2003 8:00 am Secretary of State P00000075960 DOCUMENT # 05-05-2003 90273 007 ***150.00 1. Entity Name BOUGAINVILLEA NURSERY, INC. Principal Place of Business Mailing Address PUUGAIUU 15515 SW 177 15515 SW 177 MIAMI FL 33187 MIAMI FL 33187 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-1049960 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ESQUIJAROSA, PAULO Street Address (P.O. Box Number is Not Acceptable) 19780 S.W. 177TH AVENUE, #125 **MIAMI FL 33187** City Zip Code 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) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition ESQUIJAROSA, PAULO NAME NAME 19780 S.W. 177TH AVENUE, #125 STREET_ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33187 CITY-ST-ZIP □ Delete TITLE Change Addition TITLE NAME 1 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change · Addition TITI.E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not ouglify 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 of rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED

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