FILED
Jun 20, 2001 8:00 am
Secretary of State
06-20-2001 90010 032 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000082973 (CA)

1. Entity Name
CLASSICAL LANDSCAPE NURSERY, INC.

Principal Place of Business

Mailing Address
5880 Collins Ave.
#302
Miami Beach, FL. 33140

[redacted] 00071609

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
13205 SW 137 Avenue	5880 Collins Ave.
Suite, Apt. #, etc. Ste. 211	Suite, Apt. #, etc. #302
City & State Miami, FLORIDA	City & State Miami Beach, FL
Zip 33186 Country Dade	Zip 33140 Country Dade

4. FEI Number ☑ 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
Robert D. Slewett, ESQ.	Name Robert D. Slewett, ESQ.
17071 W. Dixie Highway	Street Address (P.O. Box Number is Not Acceptable) 801 N.E. 167 St. 2nd Flr.
North Miami Beach, FL 33160	City North Miami Beach FL Zip Code 33162

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 reinstating) 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	President/Secretary/Director ☐ Delete Michelle L. Coffey 5880 Collins Ave. #302 Miami Beach, FL. 33140	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President ☐ Delete Jose M. Garcia 5880 Collins Ave. #302 Miami Beach, FL. 33140	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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] 4/30/01 (305)412-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #