

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

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90430 031 ***150.00

DOCUMENT # P01000011768
1. Entity Name
 REDLANDS FARM NURSERY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 14201 SW 248th Street
 Suite, Apt. #, etc.

3. Mailing Address
 2650 Biscayne Boulevard
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Homestead, Florida

City & State
 Miami, Florida

Zip 33032 **Country** USA

Zip 33137 **Country** USA

4. FEI Number 65-1079396

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 Neal L. Sandberg, Esquire
Street Address (P.O. Box Number is Not Acceptable) 2650 Biscayne Boulevard
City Miami **FL** **Zip Code** 33137

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)

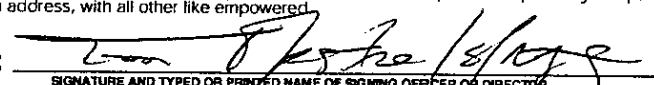
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Tomas A. Mestre 14201 SW 248th Street Homestead, Florida 33032	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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)(f), 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:  **4/12/02** **3056621927**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)