

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-16-2002 90091 018 ***150.00

DOCUMENT # PD000010419 ✓

1. Entity Name

Jasmin Nursery, Inc.**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

10234 Hagen Ranch Rd.

3. Mailing Address

15082 Tall Oak Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Baynton Bch., FL.

City & State

Delray Bch., FL

4. FEI Number

65 1079505

Applied For

Not Applicable

Zip

33437

Country

Palm Beach

Zip

33446

Country

Palm Beach5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name Teresa SantosStreet Address (P.O. Box Number is Not Acceptable)
15082 Tall Oak Ave.

City

Delray Bch.,

FL

Zip Code

33446**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.

SIGNATURE Teresa Santos, V.P.

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

(NOTE: Registered Agent signature required when reinstating)

4/28/02

DATE

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	<u>Pres.</u>
NAME	<u>Nelson P. Santos</u>
STREET ADDRESS	<u>15082 Tall Oak Ave., Delray Bch., FL.</u>
CITY-ST-ZIP	<u>33446</u>

TITLE	<u>V.P.</u>
NAME	<u>Teresa Santos</u>
STREET ADDRESS	<u>15082 Tall Oak Ave.</u>
CITY-ST-ZIP	<u>Delray Bch., FL. 33446</u>

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**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

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: Teresa Santos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/02

Date

561/498-9698

Daytime Phone #