

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

2002

**FILED
Apr 10, 2002 8:00 am
Secretary of State**

04-10-2002 90447 039 ***150.00

DOCUMENT # P01000039687

1. Entity Name

CEIBA NURSERY INC.

DO NOT WRITE IN THIS SPACE

B0064263

2. Principal Place of Business 21075 SW 232 STREET	3. Mailing Address 21075 SW 232 STREET				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				
City & State MIAMI, FL 33170	City & State MIAMI, FL 33170	4. FEI Number 65-1101477	Applied For <input type="checkbox"/>		
Zip 33170	Country USA	Zip 33170	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE				7. Name and Address of Current Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City FL	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.

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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IRMA SANCHEZ 21075 SW 232 STREET MIAMI, FL 33170	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SERGIO SANCHEZ 21075 SW 232 STREET MIAMI, FL 33170	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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 4/02/02

Date

x 305-245-0904

Daytime Phone *

CR2E034B (12/01)