

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

FILED

DOCUMENT # 001000040700

1. Entity Name ORulas - Nursery Corp.

02 MAY 28 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
17000 SW 188st
Suite, Apt. #, etc.
(Rear)

3. Mailing Address
17000 SW 188st
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
miami FL
Zip
33187
Country
Florida (usa)

City & State
miami FL
Zip
33187
Country
Florida (usa)

4. FEI Number
65-1105753

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
Alfredo O. Rodriguez
Street Address (P.O. Box Number is Not Acceptable)

17000 SW 188st
City
miami **FL** Zip Code
33187

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 Alfredo O Rodriguez
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) ☐

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
President, Treasurer
Alfredo O Rodriguez
17000 SW 188st
miami FL 33187

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Vice President, Secretary
ORBITA Rodriguez
17000 SW 188st
miami FL 33187

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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****550.00 ****550.00

**DO NOT WRITE
IN THIS SPACE**

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: Alfredo O Rodriguez Alfredo O Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/02
Date

786-229-8511
Daytime Phone #

CR2E034B (12/01)