

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 22, 2003 8:00 am**  
**Secretary of State**

01-22-2003 90146 042 \*\*\*150.00

**DOCUMENT # P01000047591**



1. Entity Name  
**FLOR DE ALELI NURSERY, INC.**

Principal Place of Business  
**4495 SOUTHWEST 127TH AVENUE  
MIAMI FL 33175**

Mailing Address  
**4495 SOUTHWEST 127TH AVENUE  
MIAMI FL 33175**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1112237**

Applied For  
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

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**

**BONETTI, MILAGROS  
4495 SOUTHWEST 127TH AVENUE  
MIAMI FL 33175**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

| 10. OFFICERS AND DIRECTORS  |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---------------------------------|---|---|
| TITLE   | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>D</b><br>NAME <b>BONETTI, MILAGROS</b><br>STREET ADDRESS <b>4495 SOUTHWEST 127TH AVENUE</b><br>CITY-ST-ZIP <b>MIAMI FL 33175</b> | <input type="checkbox"/>        |   | <input type="checkbox"/>  |
| TITLE   | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                                 | NAME  |   |
| STREET ADDRESS  |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP   |                                 | CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                                 | NAME  |   |
| STREET ADDRESS  |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP   |                                 | CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                                 | NAME  |   |
| STREET ADDRESS  |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP   |                                 | CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                                 | NAME  |   |
| STREET ADDRESS  |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP   |                                 | CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                                 | NAME  |   |
| STREET ADDRESS  |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP   |                                 | CITY-ST-ZIP   |   |

12. 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 of 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Milagros Bonetti* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Milagros BONETTI - President 1/2003** Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (10/02)