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

## **DOCUMENT#**

P01000065450



## **FILED** Mar 20, 2003 8:00 am Secretary of State

O.J.J. N	ame URSERY, INC.			03-20-2003	90152 021 ***150.00	
Principal Place of Business 2731 SW 128TH AVE MIAMI FL 33175		Mailing Address 2731 SW 128TH AVE MIAMI FL 33175		138/1881 (1) 28/18 (18) (18)	- w A	
2. Principal	Place of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE	☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		4 FELNumber	4. FEI Number 65-1117228 Applied For	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional	
	6. Name and Address of Curr	ent Registered Agent		7 Name and Address of New F	Fee Required	
ļ			Name	A. Name and Address of New F	legistered Agent	
ABREU, 3	Jesus 128th ave		Street A	ress (P.O. Box Number is Not Acceptable	3)	
MIAMI FL	33175		<u>                                     </u>			
8. The above named entity submits bis statement for the purpose of changing its register the obligations of registered agents.  The above named entity submits bis statement for the purpose of changing its register.				,	FL Zip Code	
the obliga	tions of registered agent		registered office or		rida. I am familiar with, and accept	
Afte Make Checi	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0 c Payable to Florida Department	00 t of State	,	9. Election Campaign Fin Trust Fund Contribution	ancing \$5.00 May Be	
10.		ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFI	CERE AND DIDECTORS IN A	
NAME STREET ADDRESS	PSTD ABREU, JESUS 2731 SW 128TH AVE	☐ Delete	TITLE - NAME STREET ADDRESS	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 11  Change Addition	
CITY-ST-ZIP TITLE	MIAMI FL 33175	□ Delete	CITY-ST-ZIP			
NAME Street Address City-St-Zip		C Details	NAME STREET ADDRESS		☐ Change ☐ Additio	
TITLE NAME		Delete	CITY-ST-ZIP	The state of the s	Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	•	,	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME		☐ Change ☐ Addition	
CITY-ST-ZIP	:		STREET ADDRESS CITY-ST-ZIP			
NAME STREET ADDRESS CITY-ST-2IP		☐ Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition	
TITLE NAME		☐ Delete	CITY-ST-ZIP TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
12. Thereby ce	rtify that the information supplied wit	th this filing done not evel! for a	<b>-</b>			

12. indicated on this report or 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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

305-496-3513