

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90476 041 ***150.00

DOCUMENT # P02000024495

1. Entity Name
ALFONSO & ALFONSO NURSERY, INC.



Principal Place of Business
**13740 SW 73 ST.
MIAMI FL 33183**

Mailing Address
**13740 SW 73 ST.
MIAMI FL 33183**



2. Principal Place of Business
13740 SW 73 ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami Florida

City & State

4. FEI Number
01-0678555

Applied For
Not Applicable

Zip
33183

Country
Dade

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 Now Registered Agent

**ALFONSO, JUSTO O
13740 SW 73 ST.
MIAMI FL 33183**

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

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

(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

TITLE **P** ☐ Delete
NAME **ALFONSO, JUSTO O**
STREET ADDRESS **13740 SW 73 ST.**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE **P** ☒ Change ☐ Addition
NAME **Tamayo Aranda**
STREET ADDRESS **13740 SW 73 ST**
CITY-ST-ZIP **Miami, FL 33183**

TITLE **V** ☐ Delete
NAME **TAMAYO, AMANDA**
STREET ADDRESS **13740 SW 73 ST.**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE **V** ☒ Change ☐ Addition
NAME **Alfonso Justo O**
STREET ADDRESS **13740 SW 73 ST**
CITY-ST-ZIP **Miami FL 33183**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/09/2003 786-3856961

Date Daytime Phone #

CR2E034 (10/02)