FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000042622



TYIGIDH OF SOL STATE

10/09/03

R. PINO CUBA LIBRE NURSERY, INC. DO NOT WRITE IN THIS SPACE 2. Principal Place of Beares 4000 SW 122 AVE 4. PERMANDIER IN THIS SPACE City & Sazo MIAMI, FL STATE AND ADDRESS OF THE STATE OF THE STATE THE SPACE ON NOT WRITE IN THIS SPACE ON NOT WRITE IN THIS SPACE The Required Place of Status Departed The State Office of Registered of Status Departed The State Office of Registered agent, or both, in the Shale of Places, I am familiar with, and accept the collapses of the State Office of Registered agent, or both, in the Shale of Places, I am familiar with, and accept the collapses of Sagos Departed The State Office of Registered agent, or both, in the Shale of Places, I am familiar with, and accept the collapses of Sagos Departed The Sagos Office of Registered agent, or both, in the Shale of Places, I am familiar with, and accept the collapses of Sagos Departed The Sagos Office of Registered agent, or both, in the Shale of Places, I am familiar with, and accept the collapses of Sagos Departed The Sagos Office of Registered Office	1. Entity Name					É	TOTAL OF CORPORATIONS		
A PROPERTY OF STATE OF THE STAT	R. PINO CUBA LIBRE NURSERY, INC.					/	03 OCT 10 PM 3: 48		
2. Premieral Proce of Brancess 4.000 SW 122 AVE 4.000 SW 122 AVE 5. Suite, April et etc. 5. Suite, April etc. 5. Suite, Apr	l	DO NOT WRI	TE IN THIS	SPAC	E		» وجدد رسد رسد رسد رسد رسد رسد رسد	والتار وستر منتقع ومد	
Suite, Agr. & see. Suite, Agr. & see. Suite, Agr. & see.					_				
City & State MIAMI, FL Zep 33175 US Zep 33175 US Zep 33175 DO NOT WRITE IN THIS SPACE Numer and Address of Current Registrated Agent For Received Numer RAUL E. PINO Sheat Address (P.O. Box Number is Not Acceptable) 4000 SW 122 AVE City MIAMI FL 33175 S. The above number early a storms this statement of the purposed disanging its registrated office or registrated agent, or both, in the State of Florida. I am furnish with and accept registrated agent, or both, in the State of Florida. I am furnish with and accept registrated agent, or both, in the State of Florida. I am furnish with and accept registrated agent, or both, in the State of Florida. I am furnish with and accept registrated office or registrated agent, or both, in the State of Florida. I am furnish with and accept registrated agent, or both, in the State of Florida. I am furnish with and accept registrated office or registrated agent, or both, in the State of Florida. I am furnish with and accept registrated agent, or both, in the State of Florida. I am furnish with and accept registrated office or registrated agent, or both, in the State of Florida. I am furnish with and accept registrated agent, or both, in the State of Florida. I am furnish with and accept registrated office or registrated agent, or both, in the State of Florida. I am furnish with and accept registrated agent, or both, in the State of Florida. I am furnish with and accept registrated agent, or both, in the State of Florida. I am furnish with and accept registrated agent, or both, in the State of Florida. I am furnish with and accept registrated agent, or both, in the State of Florida. I am furnish with and accept registrated agent, or both, in the State of Florida. I am furnish with and accept registrated agent, or both, in the State of Florida. I am furnish with and accept registrated agent, or both, in the State of Florida. I am furnish with and accept registrated agent, or both, in the State of Florida. I am furnish with and accept registrated agent, or both, in				AVE	/ <u>E</u>				
MIAMI, FL 20 20 33175 Country 33326 Country 33326 Country 33326 Country 33326 Country Name RAUL E. PINO Store Address (P.O. Box Number in Not Acceptable) Note of the above named enthy submits this statement of the proposed of changing its registered agent, or both, in the State of Forda. I gan familiar with and accept the obligations of country (1,400 pt.) Signary (1,400 pt.) And (1,400 pt.) Signary (1,400 pt.) And (1,400 pt.) Signary (1,400 pt.) And (1,400 p	do v do				A FELMumber				
33175 US 3336 US 5. Cerricate of Status Learner Comment Regulation of The Anguined To Name and Address of Current Regulation Agent Name RAUL E. PINO DO NOT WRITE. IN THIS SPACE One And Address (P.O. Box Number is Not Acceptable) 4000 SW 122 AVE City MIAMI FL 33175 Signature upon or phase if the adjustment stills statement of Title proposed changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of geographs agent								{	
To Norme and Address of Current Registered Agent Name RAUL E. PINO Stroet Address (P.O. Box Number is Not Acceptable) IN THIS SPACE Only MIAMI Set 120 Corde 133175 B. The above named entity attents has statement for the purpose of changing its registered agent, or both, in the State of Florida. I am Intelligent with and accept me obligations of registered agent, or both, in the State of Florida. I am Intelligent with an advance of the purpose of changing its registered agent, or both, in the State of Florida. I am Intelligent with an advance of the purpose of purpose of purpose of changing its registered agent, or both, in the State of Florida. I am Intelligent with an advance of the purpose of purpose					1 5		ertificate of Status Desired		
Steel Address (P.O. Box Number is Not Acceptable) IN THIS SPACE Steel Address (P.O. Box Number is Not Acceptable) 4000 SW 122 AVE City MIAMI FL 30 Code the obligations of registered spent, or both, in the State of Fonda, I am familiar with, and accept the obligations of registered spent, or both, in the State of Fonda, I am familiar with, and accept the obligations of registered spent, or both, in the State of Fonda, I am familiar with, and accept the obligations of registered spent, or both, in the State of Fonda, I am familiar with, and accept the obligations of registered spent, or both, in the State of Fonda, I am familiar with, and accept the obligations of registered spent, or both, in the State of Fonda, I am familiar with, and accept the obligation of registered spent, or both, in the State of Fonda, I am familiar with, and accept the obligation of registered spent, or both, in the State of Fonda, I am familiar with, and accept the obligation of registered spent, or both, in the State of Fonda, I am familiar with, and accept the obligation of registered spent, or both, in the State of Fonda, I am familiar with, and accept the obligation of registered spent, or both, in the State of Fonda, I am familiar with, and accept the obligation of registered spent, or both, in the State of Fonda, I am familiar with, and accept the obligation of registered spent, or both, in the State of Fonda, I am familiar with, and accept the obligation of registered spent, or both, in the State of Fonda, I am familiar with, and accept the obligation of registered spent, or both, in the State of Fonda, I am familiar with, and accept the familiar spent of registered spent, or both, in the State of Fonda, I am familiar with, and accept the familiar spent of registered spent, or both, in the State of Fonda, I am familiar with, and accept the familiar spent of registered spent, or both, in the State of Fonda, I am familiar with, and accept the familiar spent of registered spent, or both, in the State of Fonda, I am familiar wit									
IN THIS SPACE On MIAM FL 20 Code On Miam FL					. Name RAUL E. PINO				
S. The above named entity submits this statement of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of jegiplazard agent. 10/09/03/03 10/09/03/03 10/09/03/03 10/09/03/03 10/09/03/03/03/03/03/03/03/03/03/03/03/03/03/					Street Address (P.O. Box Number is Not Acceptable)				
8. The above named emby submits this statement of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida agent, or both agent agent, or both, in the State of Florida agent, or both agent agent, or both agent agent, or both agent agent, or both, in the State of Florida agent, or both agent agent, or both agent agent, or both agent agent, or both agent age					4000 SW 122 AVE				
S. The above named antity authorits this statement of Title purposed changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of consisted agent. 10/09/03 Signatur, typed or phase riffine or registered agent and the Paperson. After May 1. Fee is \$150.00 After May 1. Fee is \$150.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE MAME SIRRE ADDRESS OTF-S1-2P TITLE TITLE MAME SIRRE ADDRESS OTF-S1-2P TITLE MAME SIRRE ADDRESS OTF-S1-2P TITLE TITLE MAME SIRRE ADDRESS OTF-S1-2P TITLE TITLE MAME SIRRE ADDRESS OTF-S1-2P TITLE TITLE TITLE MAME SIRRE ADDRESS OTF-S1-2P TITLE TIT					City MIAMI		FI	Zip Code - 33175	
SIGNA ONE Signature, speed or primes rifere of registered agefor and title 1 applicable Danuarry, 1 - May 1 - Fee Is \$150.00 After May 1 - Fee Is \$150.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State 10.			er of the purpose of changin	ng its registere	d office or regist	tered age	nt, or both, in the State of Florida. I am		
SIGNATURE Signatur typed or primes rifer or registered agen and the 1 application. January 1 - Many 1 Fee its \$150.00 After May 1 Fee its \$150.00 Amended URB its \$61.25 Make Check Payable to Florida Department of State. 10. OFFICERS AND DIRECTORS ITILE MAME SIRER ADDRESS CITY-S1-2P ITILE MAME SIRER ADD	ine obligati	ons of Jedisperson agent					10/	00/02	
After May 1, Fee is \$55.00 Mary Bo Added to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME SINET ADDRESS CITY-ST-2P TITLE NAME SIRET ADDRES	SIGNATURE :	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: Registered	Agent signature requi	red when rein		19/03	
Amended UBR is \$61.25 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ITTLE INAME INMERITATIONESS CITY-ST-2P MIAMI, FL 33175 ITTLE MAME SURER ADDRESS CITY-ST-2P ITTLE MAME STREET ADDRESS CITY-ST-2P ITTLE MAME STR			O	ff-atth-conv-fflt.co			9. Election Campaign Financing	\$5 00 May Ro	
TILE NAME STREET ADDRESS CITY-ST-2P TILE NAME S	Amended UBR is \$61.25								
NAME SITTER ADDRESS OTTY-ST-2P TITLE NAME SITTER ADDRESS OTTY-ST-2P				8			i.		
AMAGE SINEET ADDRESS CITY-ST-2P TITLE NAME SINEET ADDRESS CITY-ST-2P	TITLE	(P/D) RAULE PINO		MILE					
CITY-ST-ZIP WIAMI, FL 33175 CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				₩ 0.0000000	00000000000000001000000000000000000000				
NAME STREET ADDRESS CITY-ST-ZP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-S		MIAMI, FL 33175		8 0 4 5 4 5	13/6/15/13/15/15/15/15/15/15/15/15/15/15/15/15/15/				
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STRE	TITLE			TILE					
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				₩					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C				B	yan ili at ar hanyar 12,000 ban				
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE N	TITLE			TITLE					
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				8 375 333	15:10:10:10:10:11:11:10:10:1				
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ONAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZI				8 300 100 10	n Statute i de la compania del la compania de la compania del la compania de la c		DO NOT WR	ITE	
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ONAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZI	TILE			ajiji j			IN THIS SPA	CE	
CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET		,		8 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			-	
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE 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	CITY-ST-ZIP			8	arakan kabupatèn Bababatèn				
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 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	TITLE			MIE.			***************************************		
CITY-ST-ZP TITLE 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				8 (111111)					
ITILE NAME STREET ADDRESS CITY-S1-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information				8 00000000					
NAME STREET ADDRESS CITY-S1-ZIP CITY-S1-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				**************************************					
CITY-S1-ZIP CITY-S1-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	i			8 333333					
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				8000000					
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information			and the second			S	40.07/0V3 Flacida Octobra 15 °	aik ahat tha laf	
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 on an attachment with an address, with all other like empowered.	indicated of the cor	on this report or supplemental reportation or the receiver or truster	port is true and accurate and i e empowered to execute this	that my signat	ure shall have th	ie same le	egal effect as if made under oath; that	am an officer or director	

R. PINO CUBA LIBRE NURSERY, INC.

TO WHOM IT MAY CONCERN: TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS I NEVER RECEIVED FIRST NOR SECOND NOTICE FOR 2003 UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT.

CORDIALLY

PRESIDENT