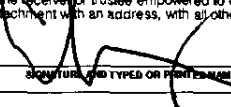


FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90037 019 ***150.00

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

DOCUMENT # P02000072872					
1. Entity Name MORE EASE GARDEN CENTER INCORPORATED					
Principal Place of Business 17740 SW 292ND STREET HOMESTEAD, FL 33030			Mailing Address 17740 SW 292ND STREET HOMESTEAD, FL 33030		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 37-1434871	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERRONES, JULIO JR. 18740 SW 356TH STREET HOMESTEAD, FL 33034				7. Name and Address of New Registered Agent	
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's signature required when appointing)					
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		NAME		Delete	
NAME		BERRONES, JULIO JR.		Delete	
STREET ADDRESS		18740 SW 356TH STREET		Delete	
CITY-ST-ZIP		HOMESTEAD, FL 33034		Delete	
TITLE		NAME		Delete	
NAME		V GALVEZ, EDDIE		Delete	
STREET ADDRESS		1411 JAY CT		Delete	
CITY-ST-ZIP		HOMESTEAD, FL 33035		Delete	
TITLE		NAME		Delete	
NAME				Delete	
STREET ADDRESS				Delete	
CITY-ST-ZIP				Delete	
TITLE		NAME		Delete	
NAME				Delete	
STREET ADDRESS				Delete	
CITY-ST-ZIP				Delete	
TITLE		NAME		Delete	
NAME				Delete	
STREET ADDRESS				Delete	
CITY-ST-ZIP				Delete	
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: 		EDDIE GALVEZ		04-29-03 305-219-4935	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

90130882



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)