

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2003 8:00 am**  
**Secretary of State**

05-16-2003 90176 037 \*\*\*400.00

0322481 AV

**DOCUMENT # P02000077607**

**1. Entity Name**  
**ALMENDRO NURSERY, INC.**



**Principal Place of Business**  
**14790 SW 197 AVE**  
**MIAMI FL 33196**

**Mailing Address**  
**14790 SW 197 AVE**  
**MIAMI FL 33196**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number**

**55-0787709**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**PARRA, ENRIQUE L**  
**241 W 43 STREET**  
**HIALEAH FL 33012**

**7. Name and Address of New Registered Agent**

**Name** *Enrique L. Parra*

**Street Address (P.O. Box Number is Not Acceptable)**

*14848 SW 197th Ave*

**City** *MIAMI*

**FL**

**Zip Code**

*33196*

**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, the 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**

**TITLE** **PSD** ☐ Delete  
**NAME** **PARRA, ENRIQUE L**  
**STREET ADDRESS** **241 W 43 STREET**  
**CITY-ST-ZIP** **HIALEAH FL 33012**

**TITLE** **VTD** ☐ Delete  
**NAME** **GONZALEZ, JUDITH L**  
**STREET ADDRESS** **241 W 43 STREET**  
**CITY-ST-ZIP** **HIALEAH FL 33012**

**TITLE** **VD** ☐ Delete  
**NAME** **PARRA, ENRIQUE L JR**  
**STREET ADDRESS** **14848 SW 197 AVE**  
**CITY-ST-ZIP** **MIAMI FL 33196**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

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

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

**TITLE** ☐ Change ☐ Addition  
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**NAME**  
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**CITY-ST-ZIP**

**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 REQUIRED**

*5/14/03*

*(786) 573-1344*

Date

Daytime Phone #

CR2E034 (10/02)