

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91760 035 ***150.00

0683225
FP

DOCUMENT # P02000085555

1. Entity Name
SUPERIOR NURSERY, INC



Principal Place of Business
**27550 SW 222 AVENUE
MIAMI FL 33170**

Mailing Address
**27550 SW 222 AVENUE
MIAMI FL 33170**

2. Principal Place of Business

27550 SW 222 AVE

Suite, Apt. #, etc.

3. Mailing Address

27550 SW 222 AVE

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
MIAMI, FL 33170

City & State
MIAMI, FL 33170

4. FEI Number
02-0667629

Applied For
☐ Not Applicable

Zip
33170

Country
DADE

Zip
33170

Country
DADE

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GARCIA, RAUL
27550 SW 222 AVENUE
MIAMI FL 33170**

7. Name and Address of New Registered Agent

Name
NONE

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 **MISTAKE VOID**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **4-29-03**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GARCIA, RAUL
27550 SW 222 AVENUE
MIAMI, FL 33170** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
GARCIA, WILDA I
27550 SW 222 AVENUE
MIAMI FL 33170** ☐ Delete

TITLE
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GARCIA, WILDA I
27550 SW 222 AVENUE
MIAMI FL 33170** ☐ Delete

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☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

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

4-29-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)