

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000087341

FILED
Apr 29, 2003
Secretary of State

Entity Name: A1 NURSERY INC.

Current Principal Place of Business:

18466 NW 312 ST.
OKEECHOBEE, FL 34972

New Principal Place of Business:

Current Mailing Address:

3017 ALHAMBRA ST.
#3
FT. LAUDERDALE, FL 33304

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVENE, MOSHE M
3017 ALHAMBRA ST.
#3
FT. LAUDERDALE, FL 33304

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEFKOWITZ, PAUL J
Address: 22752 SW 64 TH WAY
City-St-Zip: BOCA RATON, FL 33428

Title: V () Delete
Name: LEVENE, MOSHE M
Address: 3017 ALHAMBRA ST. #3
City-St-Zip: FT. LAUDERDALE, FL 33304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MOSHE LEVENE

V

04/29/2003

Electronic Signature of Signing Officer or Director

Date