2004 **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P03000052738

1. Entity Name

CARA NURSERIES, INC. (florida)

FILED
04 DEC -3 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
5454 FOLIAGE WAY APOPKA, FL 32712	2060 LINDEN BLVD. ELMONT NY 11003

03-15-04 90088 046 $150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 37-1466312 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARACCIOLO, JOSEPH SR 5454 FOLIAGE WAY APOPKA, FL 32712	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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2004 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CARACCIOLO, JOSEPH SR 2060 LINDEN BLVD ~~ELMONT, NY 11003~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Reinstatement Fee waived, report
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CARACCIOLO, CATHERINE 2060 LINDEN BLVD, ELMONT NY 11003 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition not properly processed in March. SR
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CARACCIOLO, JOSEPH A. 2060 LINDEN BLVD ELMONT, NY 11003 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CARACCIOLO, PAUL 2060 LINDEN BLVD ELMONT, NY 11003 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition SR 12/3
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CARACCIOLO, CHRISTOPHER 2060 LINDEN BLVD ELMONT, NY 11003 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph Caracciolo 11/9/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

EXAMINER'S INITIALS