2004

2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P04000088931

G & M NURSERY, INC

FILED
05 OCT 17 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business / Mailing Address
P.O. BOX 297192
PEMBROKE PINES, FL 33029

2. Principal Place of Business	3. Mailing Address
P.O. BOX 297192	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pembroke Pines	City & State
Zip: 33029 Country: BROWARD	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 56-2465018 ☐ 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
Name: ALVARO GARIBELLO
Street Address (P.O. Box Number is Not Acceptable): 4404 S.W 160 AVENUE AP 818
City: MIRAMAR FL Zip Code 33027

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 ______ 10-11/2005
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, 2005 Fee will be $550.00
Amended UBR is $61.25
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 P	PRESIDENT	☐ Delete
NAME	ALVARO GARIBELLO	
STREET ADDRESS	4404 S.W 160 AVENUE	
CITY-ST-ZIP	MIRAMAR-FL-33027	
TITLE VP	VICE PRESIDENT	☐ Delete
NAME	FRANK M HARKEN	
STREET ADDRESS	18757 S.W RANCH 79 ST	
CITY-ST-ZIP	FT LAUDERDALE, FL 33332	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	700060686817 10/17/05--01067--005 **150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	10/21	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: ______ 10-11-2005 (954)822-9995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

Miami, Fl October 11, 2005

Department of State
Division of Corporations
Uniform Business Report
P.O. BOX 1500
Tallahassee, Fl 32302-1500

REF: G & M NURSERY, INC.

DOCUMENT NUMBER P04000088931

Dear Sir or Madam:

I wish to inform you that I never received the 2005 Uniform Business Report for G & M NURSERY, INC

I have only now realized that I owe the 2004 fees, and respectfully request that G & M NURSERY, INC be excused from paying the some penalty.

Many thanks for your attention.

Yours truly,

ALVARO GARIBELLO
President