2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9300041671

FILED Jan 13, 2003 8:00 am Secretary of State

ALFON	NSO NURSERY, INC. Place of Business	000041671		Secretary of State 01-13-2003 90846 012 ***150.00
8975 ABB	BOTT AVENUE	Mailing Address		
SURFSIDE	E FL 33154	8975 ABBOTT AVENUE SURFSIDE FL 33154	E	AAAATIGG
2. Principa	oal Place of Business	3. Mailing Address	<u>-</u>	
Suite, A	Apt. #, etc.	Suite, Apt. #, etc.		
City & S	State	City & State		☐ CHECK HERE IF MAKING CHANGES
Zip	Country			4. FEI Number 65-0416429 Applied For
		Zip	Country	5. Certificate of Status Desired \$8.75 Additional
	6. Name and Address of Curren	t Registered Agent		Enc Danitari
ALFONS	SO, REYNALDO		Name	7. Name and Address of New Registered Agent
8975-AB	BBOTT-AVENUE		Street Addr	PSS /PO Pay Number
SURFSID	DE FL 33154			ess (P.O. Box Number is Not Acceptable)
The et			City	
the above	re named entity submits this statement for	or the purpose of changing its	registered -th	istered agent, or both, in the State of Florida. I am familiar with, and accep
3	amente of registered agent.		registered office or regi	istered agent, or both, in the State of Florida. I am familiar with and assess
NATURE .				and accep
	Signature, typed or printed name of registered agent a	and title if applicable.		
		. (1901)	: Registered Aneni sienes	
F.	FILE NOW!!! FEE IS \$150.00		: Registered Agent signature requ	tuired when reinstating) DATE
Alter	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State	∷ Registered AgenI signature requ	9. Election Campaign Financing \$5.00 May Re
ke Check	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
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ke Check	PSD ALFONSO, REYNALDO 8975 ABBOTT AVENUE SURFSIDE FL 33154 VTD ALFONSO, BERNARDINA	State DIRECTORS	11. TITLE NAME STREET ADDRESS	9. Election Campaign Financing Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition
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Thereby 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

GNATURE: