

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

03-24-2003 90151 016 ***156.00

DOCUMENT # P93000080093 1. Entity Name L & P GARDEN, INC.			
Principal Place of Business 1272 NE 128TH STREET MIAMI FL 33150 US		Mailing Address 567 NW 107TH STREET MIAMI FL 33168 US	
2. Principal Place of Business <i>1272 NE 128th St</i>		3. Mailing Address <i>567 NW 107th St</i>	
Suite, Apt. #, etc. <i>Art 11</i>		Suite, Apt. #, etc. <i>Art 11</i>	
City & State <i>North Miami Beach</i>		City & State <i>MIAMI</i>	
Country <i>USA</i>		Country <i>USA</i>	
4. FEI Number 65-0449443		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent BRUNO, PATRICIA 195 NW 71ST STREET N. MIAMI FL 33168		7. Name and Address of New Registered Agent <i>Patricia Bruno</i> 567 NW 107th Street City <i>MIAMI</i> 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 <i>Patricia Bruno</i> <i>Luckner Bruno</i> <i>4-2-03</i> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing))</small>			
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME BRUNO, LUCKNER STREET ADDRESS 567 N.W. 107TH ST. CITY-ST-ZIP MIAMI FL 33168	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME BRUNO, PATRICIA A STREET ADDRESS 567 N.W. 107TH ST. CITY-ST-ZIP MIAMI FL 33168	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME <i>Luckner Bruno</i> STREET ADDRESS <i>567 NW 107th Street</i> CITY-ST-ZIP <i>MIAMI FL 33168</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME <i>Patricia Bruno</i> STREET ADDRESS <i>567 NW 107th Street</i> CITY-ST-ZIP <i>MIAMI FL 33168</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME LUCKNER BRUNO STREET ADDRESS OWNER/PRESIDENT CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME LUCKNER BRUNO STREET ADDRESS OWNER CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Luckner Bruno</i>		SIGNATURE REQUIRED <i>4-2-03</i> <small>Signature and typed or printed name of signing officer or director</small>	

CR2E034 (10/02)