

# 2000 UNIFORM BUSINESS REPORT (UBR)

7/

FILED

Aug 17, 2000 8:00 am  
Secretary of State

07-26-2000 90005 006 \*\*\*150.00

DOCUMENT # P94000016031

1. Entity Name

FOREVER GREEN NURSERY, INC.

(R)

Principal Place of Business

12100 SW 43RD STREET  
MIAMI FL 33175-4208  
US

Mailing Address

% IVAN A. GOMEZ ESQ.  
601 BRICKELL KEY DRIVE, SUITE 507  
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

12100 S.W. 43rd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, Florida

4. FEI Number

65-0477468

Applied For

Not Applicable

Zip

Country

Zip

Country

33175

USA

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

GOMEZ, IVAN A P.A.  
601 BRICKELL KEY DRIVE  
SUITE 507  
MIAMI FL 33131

Name

Carlos Ramirez

Street Address (P.O. Box Number is Not Acceptable)

12100 S.W. 43rd Street

City

Miami

FL

Zip Code

33175

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/10/00

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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	PSD	<input type="checkbox"/> Delete
NAME	RAMIREZ, CARLOS	
STREET ADDRESS	434 SW 99 CT	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	INFANTE, ALFREDO	
STREET ADDRESS	12100 SW 43 ST	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/00

Date

Daytime Phone #

CR2E004 (5/00)

Attachments

pg 1/0000/6037

107413



AUGUST 8, 2000

DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FLORIDA 32314

DEAR SIRs:

ENCLOSED PLEASE FIND OUR ANNUAL REPORT FOR THE ABOVE CORPORATION.

BACK IN JULY WE RECEIVED NOTICE FROM THE SECRETARY OF STATE THAT OUR CORPORATION FOREVER GREEN NURSERY INC. WAS NOT FILE ON TIME.

I SPOKE WITH YOUR DEPARTMENT AND SENT BACK AGAIN A CHECK IN THE AMOUNT OF \$ 150.00 TO REPLACE THE LOST ONE IN THE MAIL. ALL OUR OTHER CORPORATIONS WERE RECEIVED ON TIME.

I REQUEST YOUR COOPERATION IN THIS MATTER SO THE LATE FEE OF \$ 400.00 COULD BE REMOVED FROM OUR ACCOUNT.

IF YOU NEED TO CONTACT US PLEASE DO NOT HESITATE TO CONTACT US.

FOREVER GREEN NURSERY INC.

CARMEN RAMIREZ  
PHONE # 305 226 5858

A large, stylized handwritten signature in black ink, appearing to read "Carmen Ramirez", is written over the typed name and phone number.

FOREVER GREEN

Attachment

P91000016031

107413

Look for pink background on the front of this check, and the ImageSafe® logo on back. If not present, do not cash.

**FOREVER GREEN NURSERY, INC.**

12100 S.W. 43RD ST.  
MIAMI, FL 33175

5689

63-27/631 FL  
987

PAY  
TO THE  
ORDER OF

*Department of State*

DATE *7/14/00*

\$ *150.00*

*One hundred fifty &  $\frac{00}{100}$*

DOLLARS

**NationsBank**

NationsBank, N.A.

ACH R/T 063100277

FOR *FEI NUMBER 65-0477468*

⑈005689⑈ ⑆063100277⑆ 001701000247⑈