

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000030778

1. Entity Name
A-1 PEREZ NURSERY & FARM, INC.

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90473 007 ***150.00

Principal Place of Business

4475 NW 169TH TERR
CAROL CITY FL 33055
US

Mailing Address

4475 NW 169TH TERR
CAROL CITY FL 33055
US

A0034144



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0491991

Applied For
Not Applicable

Zip

Country

Zip

Country

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

PEREZ, LUIS M
4475 NW 169TH TERR
CAROL CITY FL 33055

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

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

(NOTE: Registered Agent signature required when reinstating)

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 \$150.00
After MAY 1, 2001 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	D	<input type="checkbox"/> Delete
NAME	PEREZ, LUIS M	
STREET ADDRESS	4475 NW 169TH TERR	
CITY-ST-ZIP	CAROL CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEREZ, MANUEL	
STREET ADDRESS	14475 N.W. 169TH TERRACE	
CITY-ST-ZIP	CAROL CITY FL 33055	
TITLE		<input type="checkbox"/> Delete
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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

Luis M Perez

Date

Daytime Phone #

3/12/01 305-233-6335

CR2E034 (10/00)