FILED

3-27-02 Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 09, 2002 8:00 am Secretary of State P95000014176 DOCUMENT # 1. Entity Name 04-09-2002 90074 002 ***150 00 248 NURSERY, INC. Principal Place of Business Mailing Address 11775 S.W. 248TH STREET 11775 S.W. 248TH STREET R0061050 MIAMI FL 33032 MIAMI FL 33032 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0601091 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CANALS, MATILDE M Street Address (P.O. Box Number is Not Acceptable) 11775 SW 248TH ST **MIAMI FL 33032** Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE ☐ Delete TITLE Change Addition CANALS, MATILDE M NAME NAME 11775 S.W. 248TH STREET STREET ADDRESS STREET ADDRESS MIAM! FL 33032 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE ☐ Addition TITLE NAME CANALS, JORGE I NAME STREET ADDRESS 11775 SW 248TH ST STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33032** CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME CANALS, PABLO NAME STREET ADDRESS 11775 SW 248 STREET STREET ADDRESS CITY-ST-ZIP HOMESTEAD FL 33032 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.