

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000032338

1. Entity Name

IDEAL NURSERY, INC.

FILED

May 16, 2000 8:00 am
Secretary of State

05-16-2000 90148 001 ***150.00

Principal Place of Business

12875 SW 199 AVE
MIAMI FL 33196
US

Mailing Address

12875 SW 199 AVE
MIAMI FL 33196-1819
US

2. Principal Place of Business

600 PALM AVE.

3. Mailing Address

PO BOX 2804

Suite, Apt. #, etc.

C

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0777832

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRANCISCO DELAPAZ
12975 SW 199TH AVE
SUITE 3
MIAMI FL 33196

7. Name and Address of New Registered Agent

Name

FRANCISCO DELAPAZ

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

600 PALM AVE SUITE C.

City

MIAMI

FL

Zip Code

33010

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

FRANK DELAPAZ

4-26-2000

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, 2000 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

TITLE PTD
NAME MANUEL P. GALAN
STREET ADDRESS 6331 N.W. 198TH TERRACE
CITY-ST-ZIP MIAMI FL 33015

☒ Delete

TITLE PSD
NAME FRANCISCO DELAPAZ
STREET ADDRESS 12875 SW 199 AVE
CITY-ST-ZIP MIAMI FL 33196

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

FRANK DELAPAZ PRES 4/26/2000 305-887-1114

CR20000323338