2002 UNIFORM BUSINESS REPORT (UBR)

P95000069282

1. Entity Name

DOCUMENT #

J & J NURSERY CORPORATION

FILED Feb 13, 2002 8:00 am Secretary of State 02-13-2002 90017 040 ***150.00

Principal Plac 20975 SW 23 HOMESTEAD	6 STREET	s	Mailing Address 20975 SW 236 STREET HOMESTEAD FL 33031							
2. Principal P	Place of Busir	3. Mailing Address	SS				 	410 4 5 6	ff (2)(A (10) (A))	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE	E IN THIS S	PACE	
City & State			City & State			4. F	FEI Number 65-0606765 Applied For Not Applied For			<u> </u>
Zip		Country	Zip	Country		5. (Certificate of Status Desired		\$8.75 Ac	dditional
	6. Name	and Address of Current Re	gistered Agent	l		7. N	ame and Address of New Re			
TORRES, JOSE J 20975 SW 236 STREET HOMESTEAD FL 33031					Name Street Addres City	s (P.O. B	ox Number is Not Acceptable)	FL	Zip Co	de
SIGNATURE .	Signature, typed	y submits this statement for t or printed name of registered agent and ible to satisfy its Intangible		E: Registere	d Agent signature requ		ent, or both, in the State of Flor instaling) 10. Election Campaign Fina	DATE	ψE	
Tax filing requirement and elects to do so. (See criteria on back)			After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta			tate	Trust Fund Contribution] Adde	00 May Be ed to Fees
TITLE NAME STREET ADDRESS		/ 236 STREET	RECTORS Delete		EET ADDRESS	AD	DITIONS/CHANGES TO OFFIC	CERS AND	DIRECTOR Change	
CITY-ST-ZIP TÎTLE NAME STREET ADDRESS CITY-ST-ZIP	VD TORRES, 20975 SV	JEOVANY JEOVANY JEOVANY JEOVANY JEAD FL 33031	☐ Delete	TITLE NAM STRE					☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	SD TORRES, 20975 SV	- ب	. 🗀 Delete						Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		ez, Jose / 236 Street Ead FL 33031	□ Delete						Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CITY	E EET ADDRESS - ST- ZIP		19.07/3Vii) Florida Statutos I		☐ Change	Addition

Indicated on this report or supplied with this riling does not quality 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 attackment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #