

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 04, 2002 8:00 am**  
**Secretary of State**

09-04-2002 90094 021 \*\*\*150.00

DOCUMENT # *P95000097019*

1. Entity Name

National Nurseries Corporation

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

17555 Krome Avenue

Suite, Apt. #, etc.

3. Mailing Address

17555 Krome Avenue

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami

Zip

33187

Country

City & State

Miami

Zip

33187

Country

USA

4. FEI Number

650628383

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

David Dorfman

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

17555 Krome Avenue

City

Miami

FL

Zip Code

33187

**DO NOT WRITE  
IN THIS SPACE**

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) ☒

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	President and Director David Dorfman 1880 North Roselle Road Schaumburg, IL 60195	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary and Director Michael Dorfman 1880 North Roselle Road Schaumburg, IL 60195	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director James Dorfman 1880 North Roselle Road Schaumburg, IL 60195	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID DORFMAN

Date

9/3/02

Display Phone #

847

519-1880

CR2E034B (12/01)

*Attachment*  
**NATIONAL NURSERIES CORPORATION**

FARM OFFICE  
17555 KROME AVENUE  
MIAMI, FLORIDA 33187  
305-232-7200 FAX 305-238-8038

CORPORATE OFFICE  
1880 NORTH ROSELLE ROAD  
SCHAUMBURG, ILLINOIS 60195  
847-519-1880 FAX 847-519-1979

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978229

September 3, 2002

Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32339

RE: National Nurseries Corporation  
650628383

To whom it may concern:

Enclosed is our 2002 Uniform Business Report. In conversation with your office it turns out that we never received either of the mailings that included the renewal report. Please accept this filing.

Very truly yours,



David A. Dorfman

DAD/dad

Enclosure