

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

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90019 034 ***150.00

DOCUMENT # P97000002886

1. Entity Name
TREES COMPANY
C/O MERMELSTEIN HIDALGO LLP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3211 PONCE DE LEON BLVD

3. Mailing Address
3211 PONCE DE LEON BLVD

Suite, Apt. #, etc.
#305

B0048117
DO NOT WRITE IN THIS SPACE

City & State
CORAL GABLES FL

City & State
CORAL GABLES FL

Zip 33134 Country USA

4. FEI Number 65-0770003

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
JOSE A HIDALGO CPA

Street Address (P.O. Box Number is Not Acceptable)
3211 PONCE DE LEON BLVD

#305

City CORAL GABLES FL Zip Code 33134

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 *Jose A Hidalgo* JOSE A HIDALGO CPA DATE 3/2/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	S T	TITLE	
NAME	MAIA DE OLIVERIA LIM, ANA CARDOSO	NAME	
STREET ADDRESS	C/O MERMELSTEIN HIDALGO LLP	STREET ADDRESS	
CITY-ST-ZIP	3211 PONCE DE LEON BLVD #305	CITY-ST-ZIP	
TITLE	CORAL GABLES FL 33134	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	DO NOT WRITE IN THIS SPACE
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		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 on an attachment with an address, with all other like empowerment.

SIGNATURE: *Jose A Hidalgo* JOSE A HIDALGO CPA DATE 3/2/02 (305) 444-2142

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)