## , 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P97000013783 Jun 09, 2000 8:00 am **Secretary of State** TRADEWINDS NURSERY SOUTH, INC. 06-09-2000 90023 046 \*\*\*150.00 Principal Place of Business Mailing Address 3812 SW 48 AVE 3812 SW 48 AVE PEMBROKE PARK FL 33023 PEMBROKE PARK FL 33023-6927 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 65-0737043 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MORRIS, MARVIN Street Address (P.O. Box Number is Not Acceptable) 3812 SW 48 AVE PEMBROKE PARK FL 33023 Zip Code 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITI F ☐ Change ☐ Addition **DPS** TITLE ☐ Delete NAME NAME MORRIS, MARVIN STREET ADDRESS STREET ADDRESS 3812 SW 48 AVE CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PARK FL 33023 ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME CHALL, EZRA STREET ADDRESS STREET ADDRESS 286 CORBIN PLACE #2D CITY-ST-ZIP CITY-ST-ZIP BROOKLYN NY 11235 ☐ Change ☐ Delete ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS チシロンろ CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE: \_\_

CITY-ST-7IP

SURNATURE AND PYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/00 Date

954-989-7607

Daytime Phone #