

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000045688

1. Entity Name

NEDEL GARDEN INC

Principal Place of Business

Mailing Address

9455 NW 109TH STREET
SUITE 201
MEDLEY FL 33178-1227

9455 NW 109TH STREET
SUITE 201
MEDLEY FL 33178-1227

2. Principal Place of Business

10505 W. OKEECHOBEE RD.

3. Mailing Address

10505 W. OKEECHOBEE RD.

Suite, Apt. #, etc.
201

Suite, Apt. #, etc.
201

City & State
HIALEAH GARDENS, FL.

City & State
HIALEAH GARDENS, FL.

Zip
33018

Country
MIAMI-DADE

Zip
33018

Country
MIAMI-DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0754597

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALVAREZ, JUAN
9455 NW 109TH STREET
SUITE 201
MEDLEY FL 33178-1227

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

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ALVAREZ, JUAN
STREET ADDRESS 9455 NW 109TH ST, STE 201
CITY-ST-ZIP MEDLEY FL 33178-1227 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME MARTIN, ARMANDO F
STREET ADDRESS 10445 NW 132ND STREET
CITY-ST-ZIP HIALEAH GARDENS FL 33018 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME PEREZ, ROBERTO D.M.
STREET ADDRESS 230 HIALEAH DRIVE
CITY-ST-ZIP HIALEAH FL 33010 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME MARTIN, RAUL
STREET ADDRESS 23 EUCALYPTUS DRIVE
CITY-ST-ZIP HIALEAH FL 33010 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME GALGUERA, ERNESTO J
STREET ADDRESS 220 HIALEAH DRIVE
CITY-ST-ZIP HIALEAH FL 33010 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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

4/7/00

04/889-2100