

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90049 036 ***158.75

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.



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0754597**

Applied For
 Not Applicable

Zip
 33018

Country
 MIAMI-DADE

Zip
 33018

Country
 MIAMI-DADE

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, JUAN	NAME	
STREET ADDRESS	9455 NW 109TH ST, STE 201	STREET ADDRESS	
CITY-ST-ZIP	MEDLEY FL 33178-1227	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, ARMANDO F	NAME	
STREET ADDRESS	10445 NW 132ND STREET	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH GARDENS FL 33018	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, ROBERTO D.M.	NAME	
STREET ADDRESS	230 HIALEAH DRIVE	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33010	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, RAUL	NAME	
STREET ADDRESS	23 EUCALYPTUS DRIVE	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33010	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALGUERA, ERNESTO J	NAME	
STREET ADDRESS	220 HIALEAH DRIVE	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33010	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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

4/17/00

04/889-2100