## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED DOCUMENT # P97000047909 Jan 19, 2000 8:00 am 1. Entity Name **Secretary of State** LOVER GREEN NURSERY INC. 01-19-2000 90289 016 \*\*\*150.00 Mailing Address Principal Place of Business 20900 SW 232 STREET 20900 SW 232 STREET MIAMI FL 33170-4816 MIAMI FL 33170 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0756452 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DIAZ, JUANA T Street Address (P.O. Box Number is Not Acceptable) 20900 SW 232 STREET **MIAMI FL 33170** Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 · OFFICERS AND DIRECTORS 12. 11. ☐ Delete ☐ Addition TITLE TITLE NAME DIAZ, JUANA T NAME STREET ADDRESS STREET ADDRESS 20900 SW 232 STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33170 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME GARCIA, AIDA M NAME STREET ADDRESS 20900 SW 232 STREET STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIP **MIAMI FL 33170** ☐ Addition ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete 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 Block 12 if changed, or on an attachment with an addres. with all other like empowered.