2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000041037

1. Entity Name



FILED Feb 24, 2003 8:00 am Secretary of State

BERNAF	RDO ALZATE NURSER	RY, INC.				02	2-24-2003 90	0977 003	***150	0.00
Principal Place of Business 2920 PALMARITA RD. WEST PALM BEACH FL 33406		2920	Mailing Address 2920 PALMARITA RD. WEST PALM BEACH FL 33406							
2. Principal	Place of Business	3. Ma	iling Address							
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & Sta	ate	City	& State	· ·		4. FEI Number 65	5-0831647			pplied For
Zip	Country	Zip	نوف ساري	Country	, p`	5. Certificate of Sta			B.75 Ad e-Require	
<u> </u>	Name and Address of	f Current Registere	ed Agent			7. Name and Addre				
alzate,				Name			1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	.Marita RD. .LM Beach FL 33406		•	Street	Address (F	P.O. Box Number is No	ot Acceptable)	<u>.</u>		
				City	. = ==		<u>,, , , , , , , , , , , , , , , , , , ,</u>	FL	Zip Cod	e
8. The above the obliga	e named entity submits this star	tement for the purp	ose of changing its	registered office	or registere	ed agent, or both, in th	ne State of Florid	la. I am fam	niliar with,	and accept
	tions of registered agent.									I
SIGNATURE		thered agent and title if any	lia-lida (107)							-
 	Signature, typed or printed name of regis		licable. (NOTE	:: Registered Agent sign	nature required v	when reinstating)		DATE		-
· F	Signature, typed or printed name of regis	0.00	licable. (NOTE	:: Registered Agent sign	nature required v					
F Afte	Signature, typed or printed name of regis	0.00 6550.00	licable. (NOTE	:: Registered Agent sign	nature required v	9. Election C	Campaign Finand d Contribution.			O May Be to Fees
F Afte	Signature, typed or printed name of regis FILE NOW!!! FEE IS \$150 r May 1, 2003 Fee will be \$ k Payable to Florida Depart	0.00 6550.00		:: Registered Agent sign	nature required v	9. Election C	d Contribution.	cing	Added	to Fees
F Afte Make Check 10.	Signature, typed or printed name of regis FILE NOW!!! FEE IS \$150 r May 1, 2003 Fee will be \$ k Payable to Florida Depart OFFICE D	0.00 5550.00 tment of State			nature required v	9. Election C	d Contribution.	cing	Added	to Fees
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

02/06/02 (56))965-8389