

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104652

1. Entity Name

MERCY'S NURSERY WHOLESALE, INC.

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90097 048 \*\*\*150.00

Principal Place of Business

Mailing Address

21350 SW 202 AVE  
MIAMI FL 33187  
US

21350 SW 202 AVE  
MIAMI FL 33187-3961  
US

2. Principal Place of Business

7880 W 20 AVE #27

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#27

City & State  
HIALEAH

City & State

4. FEI Number 65-0884835

Applied For  
Not Applicable

Zip

Country

Zip

Country

33016

FL.

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

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name ARMANDO A. PEREZ

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

7880 W 20 AVE #27

City HIALEAH FL Zip Code 33016

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

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 PTD  
NAME PEREZ, ARMANDO A  
STREET ADDRESS 21370 SOUTHWEST 212ST AVENUE  
CITY-ST-ZIP MIAMI FL 33187 ☐ Delete

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

TITLE SVD  
NAME SARDINAS, ALEXANDER  
STREET ADDRESS 21370 SOUTHWEST 212ST AVENUE  
CITY-ST-ZIP MIAMI FL 33187 ☒ 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

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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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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 power like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)