

2000 UNIFORM BUSINESS REPORT (UBR)

9/18/00-90039-020-\$550.00-\$550.00

DOCUMENT # P99000023186

1. Entity Name

NEW LIFE SEEDLINGS NURSERY, INC.

FILED

00 OCT 30 PM 3: 31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

17900 SOUTHWEST 232ND STREET
MIAMI FL 33173

Mailing Address

17900 SOUTHWEST 232ND STREET
MIAMI FL 33173

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0901593

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

ALBERT C. FRAGA

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

944 N. KRAMER AVE

City

DADESBORO FL

FL

Zip Code

33420

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE PTD
NAME FRAGA, ALBERTO
STREET ADDRESS 17900 SOUTHWEST 232ND STREET
CITY-ST-ZIP MIAMI FL 33173

☐ Delete

TITLE VD
NAME FRAGA, RAQUEL
STREET ADDRESS 17900 SOUTHWEST 232ND STREET
CITY-ST-ZIP MIAMI FL 33173

☐ Delete

TITLE SD
NAME BRAWNER, MIKE
STREET ADDRESS 17900 SOUTHWEST 232ND STREET
CITY-ST-ZIP MIAMI FL 33173

☐ Delete

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ 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

9-9-2000

Date

Daytime Phone #

00100415/000

SP