

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000031470**

1. Entity Name

DOCTOR GREENTHUMB'S NURSERY & HORTICULTURAL SERV**FILED****Feb 03, 2001 8:00 am**
Secretary of State

02-03-2001 90280 048 ***150.00

Principal Place of Business

2500 NW 26TH ST
MIAMI FL 33142

Mailing Address

2500 NW 26TH ST
MIAMI FL 33142

2. Principal Place of Business

22301 SW 182 AVE

Suite, Apt. #, etc.

3. Mailing Address

22301 SW 182 AVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL 33170

City & State

MIAMI, FL 331704. FEI Number **65-0908627**

Applied For

Not Applicable

Zip

33170

Country

U.S.A.

Zip

33170

Country

U.S.A.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

RODRIGUEZ, LIZANDRA**2500 NW 26TH ST****MIAMI FL 33142**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 **PD** ☐ Delete
NAME **MORENO-CASANOVA, JORGE A**
STREET ADDRESS **2500 NW 26TH ST**
CITY-ST-ZIP **MIAMI FL 33142**TITLE **PD** ☒ Change ☐ Addition
NAME **MORENO-CASANOVA, JORGE A**
STREET ADDRESS **22301 SW 182 AVE**
CITY-ST-ZIP **MIAMI, FL 33170**TITLE **STD** ☐ Delete
NAME **RODRIGUEZ, LIZANDRA**
STREET ADDRESS **2500 NW 26TH ST**
CITY-ST-ZIP **MIAMI FL 33142**TITLE **STD** ☒ Change ☐ Addition
NAME **Rodriguez, Lizandra**
STREET ADDRESS **22301 SW 182 AVE**
CITY-ST-ZIP **MIAMI, FL 33170**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

Date

Daytime Phone #

01-25-01 (786) 402-9125

CR2E034 (10/00)