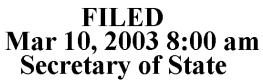
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000011212



1. Entity Name BELMONTES NURSERY CORP.								03-10-2003 90782 006 ***150.00			
Principal Pl 28622 SW 1 HOMESTEAL		2862	Mailing Address 28622 SW 147 CT. HOMESTEAD FL 33033								
2. Principa	I Place of Business	S	3. Ma	iling Address	_						
Suite, Ap	ot. #, etc.	Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & St	ate	City	City & State			4	4. FE! Number 65-0919728 Applied For				
Zip					Cour	ntry -	5	5. Certificate of Status Desired	¢0.75		
	6. Name and	d Address of Curre	nt Registere	d Agent			7	. Name and Address of New Registe			
OCHOA, VICTOR H						Name					
	W 149 AVE		Street A			ss (P.O. Box Number is Not Acceptable)					
	EAD FL 33033	ſ			<del>-</del>				<del>-</del>		
						City	_	<u> </u>	<b>⊑</b>		
8. The abov	re named entity su	bmits this statement	for the nurn	nee of changing it	c rooistors	d office access	1				
the obligation of the state of	NAN	agent.						agent, or both, in the State of Florida. (		n, and accept	
	FILE NOW!!! F		T T		E. Registered	Agent signature requi	red wher	n reinstating) Di	ATE		
Afte	er May₹1, 2003 F	ee will be \$550.00 orlda Department	of State					<ol> <li>Election Campaign Financing Trust Fund Contribution.</li> </ol>		<b>00</b> May Be ed to Fees	
10.		OFFICERS AN	D DIRECTOR	RS	11.		Α		AND DIRECTOR	DC IN 11	
TITLE NAME STREET ADDRESS	DP BELMONTES, 28622 SW 147	AMANDO		☐ Delete	TITLE				☐ Change		
CITY-ST-ZIP	HOMESTEAD I		<del>.</del>			T ADDRESS ST-ZIP				1	
TITLE NAME	VPD SOTO, LEONO	D.C : ~		☐ Delete	TITLE				☐ Change	Addition	
		CT.		<del>,</del>	STREE	T ADDRESS ST-ZIP	· <del></del> -		-		
TITLE			71	☐ Delete	TITLE	<del></del>			☐ Change		
NAME STREET ADDRESS	]				NAME				Change	Addition	
STREET ADDRESS CITY-ST-ZIP	]					ADDRESS					
TITLE					CITY-S	SI-ZIP					
NAME				Delete	NAME				Change	☐ Addition	
STREET ADDRESS						ADDRESS	,				
CITY-ST-ZIP	<u>.</u>				CITY-S	T-ZIP				1	
TITLE				☐ Delete	TITLE				☐ Change	☐ Addition	
NAME Street address					NAME				_ •		
CITY-ST-ZIP					STREET CITY-S	ADDRESS T-7IP				•	
TITLE		<del></del>		☐ Delete	TITLE						
NAME					NAME	ĺ			☐ Change	☐ Addition	
STREET ADDRESS						ADDRESS				1	
CITY-ST-ZIP		<del></del>			CITY-S						
<ol><li>I hereby control indicated of</li></ol>	ertify that the informant on this report or su	mation supplied with	this filing do	pes not qualify for	the exemp	otion stated in Se	ection	119.07(3)(i), Florida Statutes. I further	certify that the in	nformation	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE (7)

Daytime Phone #