2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000044690

1. Entity Name
AVONCE NURSERY, INC.

FILED
May 19, 2000 8:00 am
Secretary of State
05-19-2000 90084 021 ***150.00

Principal Place of Business
17920 SW 296TH STREET
HOMESTEAD, FL 33030

Mailing Address
P.O. BOX 421607
KISSIMMEE, FL 34742

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address
P.O. BOX 421607

Suite, Apt. #, etc.

City & State
KISSIMMEE, FL

Zip 34742 | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0928321

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AVONCE, ZEFERINO
17920 SW 296TH STREET
HOMESTEAD, FL 33030

7. Name and Address of New Registered Agent

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 Zeferino Avonce 4/26/2000
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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D AVONCE, ZEFERINO 17920 SW 296TH STREET HOMESTEAD, FL 33030 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(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: Zeferino Avonce ZEFERINO Avonce 4/26/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #