

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P 99000074156**

1. Entity Name

**DYNASERV NURSERIES, INC.**

Principal Place of Business

**990 S. FLAMINGO ROAD  
DAVIE, FL 33325**

Mailing Address

**990 S. FLAMINGO ROAD  
DAVIE, FL 33325-4404**

2. Principal Place of Business

3. Mailing Address

**2001 TONNELLE AVENUE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**NORTH BERGEN, NEW JERSEY**

City & State

City & State

**NORTH BERGEN, NEW JERSEY**

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**KLEIMAN, M. SCOTT  
7320 GRIFFIN ROAD  
DAVIE, FL 33314**

7. Name and Address of New Registered Agent

Name  
**JOHN REED**

Street Address (P.O. Box Number is Not Acceptable)  
**990 S. FLAMINGO ROAD**

City  
**DAVIE**

**FL**

Zip Code  
**33325**

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 State**

10. Election Campaign Financing  
Trust Fund Contribution: ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**SIROTKIN, JOSEPH**  
**990 S. FLAMINGO ROAD**  
**DAVIE, FL 33325** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Chairman**  
**SIROTKIN, JOSEPH**  
**16331 VINTAGE OAK LANE**  
**DELRAY BEACH, FL 33484** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT**  
**ATKINSON, RONALD W.**  
**58 TINGLEY LANE**  
**EDISON, NJ 08820** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SECRETARY**  
**ALVARADO, LILLIAN**  
**21 ETHERIDGE DRIVE**  
**CARTERET, NJ 07008** ☐ Change ☒ Addition

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

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

TITLE  
NAME  
STREET ADDRESS  
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 other like empowered.

SIGNATURE: **LILLIAN ALVARADO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 16 PM 1:50

700004653287--8  
-10/25/01--01049--017  
\*\*\*\*750.00 \*\*\*\*750.00

**REINSTATEMENT**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0952791**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

CR2E034 (11/00)