

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**  
 05-06-2002 90048 016 \*\*\*150.00

**DOCUMENT # P99000074156**

1. Entity Name  
**DYNASERV NURSERIES, INC.**

Principal Place of Business

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

Mailing Address

**2001 TONNELLE AVENUE  
 NORTH BERGEN NJ 07047**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0952791**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REED, JOHN**

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

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

**John Reed**

**3/20/02**

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, 2002 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

**C  
 SIROTKIN, JOSEPH  
 16331 VINTAGE OAK LANE  
 DELRAY BEACH FL 33484**

☐ Delete

STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME

☐ Change ☐ Addition

STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME

**P  
 ATKINSON, RONALD W  
 58 TINGLEY LANE  
 EDISON NJ 08820**

☐ Delete

STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME

☐ Change ☐ Addition

STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME

**S  
 ALVARADO, LILLIAN  
 21 ETHERIDGE DRIVE  
 CARTERET NJ 07008**

☐ Delete

STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME

☐ Change ☐ Addition

STREET ADDRESS  
 CITY-ST-ZIP

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☐ Change ☐ Addition

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:

*Lillian Alvarado*

**Lillian Alvarado**

**3/20/02**

**(201) 330-7700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)