

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90052 040 ***158.75

DOCUMENT # - S93659

1. Entity Name
OCTAVIO TAYLOR NURSERY, INC.



Principal Place of Business
23800 SW 127 AVE
MIAMI FL 33032
US

Mailing Address
5666 S.W. 130 AVE.
MIAMI FL 33183



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23800 SW 127 AVE

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State
MIAMI, Florida

4. FEI Number
65-0294543

Applied For
Not Applicable

Zip Country

Zip Country

33032

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

~~TAYLOR, OCTAVIO~~
~~5666 S.W. 130 AVE.~~
~~MIAMI FL~~

Name
OCTAVIO TAYLOR

Street Address (P.O. Box Number is Not Acceptable)

23800 S.W. 127 AVE

City
MIAMI

FL

Zip Code
33032

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* **Octavio Taylor - President**

1-08-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
TAYLOR, OCTAVIO
5666 S.W. 130 AVE
MIAMI FL 33183

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP Octavio Taylor
11250 SW 244 Terrace
Homestead FL 33032

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
TAYLOR, SYLVIA
5666 S.W. 130 AVE
MIAMI FL 33183

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV Taylor, Sylvia
11250 SW 244 Terrace
Homestead FL 33032

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
TAYLOR, IVAN
5666 S.W. 130 AVE
MIAMI FL 33183

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS Taylor, Ivan
11250 SW 244 Terrace
Homestead FL 33032

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
TAYLOR, OCTAVIO J
5666 S.W. 130 AVE
MIAMI FL 33183

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT Taylor, Octavio J.
11250 SW 244 Terrace
Homestead FL 33032

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVT
TAYLOR, SYLVIA P
5666 S.W. 130 AVE
MIAMI FL 33183

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVT Taylor, Sylvia P.
11250 SW 244 Terrace
Homestead FL 33032

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
i

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **OCTAVIO TAYLOR President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-08-03 305-258-4768

Date

Daytime Phone #

CR2E034 (10/02)