FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90073 040 ***150.00

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DOCUMENT # V05494

1. Entity Name: H&H FARMS NURSERY Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
18401 W. OKEEchobee Rd	18401 W. OKEEchobee Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL 33015	City & State: MIAMI FL
Zip: 33015 Country: U.S	Zip: 33015 Country: U.S

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0300229 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: HERNANDEZ, Pedro L.

Street Address (P.O. Box Number is Not Acceptable): 18401 W. OKEEchobee Rd

City: MIAMI **FL** Zip Code: 33015

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	D	TITLE	
NAME	HERNANDEZ, Pedro L	NAME	
STREET ADDRESS	5070 W. 8TH AVE	STREET ADDRESS	
CITY-ST-ZIP	HIA FL 33012	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	HERNANDEZ, Ricardo J.	NAME	
STREET ADDRESS	2627 W. 10TH AVE	STREET ADDRESS	
CITY-ST-ZIP	HIA FL 33012	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	DO NOT WRITE
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

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

SIGNATURE: [signature] 4/25/03 305-556-1891
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #