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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 492206

SELEC	TIVE LANDSCAPE COMPANY	,					
) (187 1)/ 118/0 (01/1 1/0/0 1/10) 180/1 00/1	DARIH DARIH BURAH BIRAH BIRAH B	
Principal Pla	ce of Business	Mailing Address			C teafth erene thus white tilets and se anti-	aret eren dien Aien Aien Aien A)1011 1001
6741 SW 155 AV 6741 SW 155 AVE							
MIAMI FL 33193-2116 US					DO NOT WRITE IN	THIS SDACE	
03		US			3. Date Incorporated or Qualified	IHIS SPACE	
					12/01/1975		
2. Principal	Place of Business	2a, Mailing Address			4. FEI Number	Applied	I Ear
21		26			59-1633946	Not App	
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.			•	\$8.75 Additi	
22 27					5. Certificate of Status Desired	Fee Require	
City & State City & State					6. Election Campaign Financing	\$5.00 May	Re
23	23 28				Trust Fund Contribution	Added to Fe	
Zip	Country	Zip	Countr	У	8. This corporation owes the current ye	ar Intangible	
24	25	29	30		Personal Property Tax.	☐ Yes ☐ N	lo
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Registe	red Agent	
· OR	TEGA JR,BERNARDO		81	Name	•		ļ
SEU674	1 SW 155 AVENUE		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	MI FL 33193				The state of the section of the sect		
WID	WII 1 E 00 130		83	3			
			84	City	A STATE OF THE STA	85 Zip Code	181 231 1411 41
1900 ES 180	4.	· ·		<u> </u>		FLII	
11. Pursuan office or	t to the provisions of Sections 607.0502 registered agent, or both, in the State of	2 and 607.1508, Florida Statut of Florida. Such change was a	es, the abov uthorized by	e-named corporation	oration submits this statement for the purpos n's board of directors. I hereby accept the a	e of changing its regis	stered
agent. I	am familiar with, and accept the obligat	ions of, Section 607.0505, Flo	rida Statutes	\$.	o according to the control of th	ppointmont as register	· .
SIGNATURE	<u></u>	···				· .	}
12.	Signature, typed or printed name of registered agent OFFICERS ANI		13.	nt signature required	when reinstating)		
TITLE	VPS	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICER	··-·	N 12] Addition
NAME	ORTEGA, MARTA	_	1.2 NAME		S. C.	onange) Addition
STREET ADDRESS	0744 0144 455 415			TADDRESS			-
CITY-ST-ZIP	MIAMI, FL 00000		1.4 CITY-S	i			
TITLE	PD	☐ DELETE	2.1 TITLE)1-ZIP		☐ Change ☐] Addition
NAME	ORTEGA, BERNARDO, JR.		2.2 NAME				,
STREET ADDRESS							1
CITY-ST-ZIP	MIAMI, FL 00000		23 STREE	TADDRESS			}
TITLE				T ADDRESS			}
NAME	Maria de Caracteria de Caracte	☐ DELETE	2.4 CITY-5	1	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐	Addition
W		☐ DELETE	2.4 CITY-5	1	·	Change] Addition
STREET ADDRESS		☐ DELETE	2.4 CITY-5 3.1 TITLE 3.2 NAME	ST-ZIP		☐ Change ☐] Addition
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14. 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 annual report or suppliemental annual report is to 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with an other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

305 388 3898