

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M05176

1. Entity Name
NATIVE LANDSCAPE SERVICE, INC.

Principal Place of Business

14265 SW 140ST
MIAMI FL 33186

Mailing Address

10420 S.W. 58TH STREET
MIAMI FL 33173

2. Principal Place of Business

15733 SW 117 AVE
Suite, Apt. #, etc.

3. Mailing Address

15733 SW 117 AVE
Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33177

Country

Zip

33177

Country

4. FEI Number 59-2453588

Applied For

Not Applicable

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

TOMASETTI, DAYNE
10420 SW 58 ST
MIAMI FL 33173

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTD TOMASETTI, DAYNE 10420 S.W. 58TH STREET MIAMI FL 33173	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TOMASETTI, ANGELA 10420 SW 58TH STREET MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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:

Angela Tomasetti
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01

Date

305-258-1178

Daytime Phone #

CR2E034 (10/00)