

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2002 8:00 am**  
**Secretary of State**

03-22-2002 90065 001 \*\*\*150.00

03/22/02  
 AV

**DOCUMENT # P01000000702**

1. Entity Name  
**NEWFOREST LANDSCAPING INC.**

Principal Place of Business <b>12100 SW 31 TERR.          MIAMI FL 33175</b>	Mailing Address <b>12100 SW 31 TERR.          MIAMI FL 33175</b>
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2. Principal Place of Business <b>15586 S.W. 138 CT</b>	3. Mailing Address <b>15586 SW 138 CT</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Miami, FL. 33177</b>	City & State <b>Miami, FL.</b>	4. FEI Number <b>65-1081798</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33177</b>	Country <b>U.S.A</b>	Zip <b>33177</b>	Country <b>U.S.A</b>



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GONZALEZ, MANUEL**  
**15586 SW 138 COURT**  
**MIAMI FL 33177**

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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	
TITLE <b>P</b>	Delete <input type="checkbox"/>
NAME <b>GONZALEZ, MANUEL</b>	
STREET ADDRESS <b>15586 SW 138 COURT</b>	
CITY-ST-ZIP <b>MIAMI FL 33177</b>	
TITLE <b>VPS</b>	Delete <input checked="" type="checkbox"/>
NAME <b>GONZALEZ, MARIA</b>	
STREET ADDRESS <b>12100 SW 31 TERR</b>	
CITY-ST-ZIP <b>MIAMI FL 33175</b>	
NAME <b>ANGIE GONZALEZ VP</b>	Delete <input type="checkbox"/>
STREET ADDRESS <b>15586 SW 138 CT</b>	
CITY-ST-ZIP <b>MIAMI, FL 33177</b>	
NAME <b>MANUEL GONZALEZ S</b>	Delete <input type="checkbox"/>
STREET ADDRESS <b>15586 SW 138 CT</b>	
CITY-ST-ZIP <b>MIAMI, FL. 33177</b>	
NAME <b>ALEXIS GONZALEZ T</b>	Delete <input type="checkbox"/>
STREET ADDRESS <b>15586 SW 138 CT</b>	
CITY-ST-ZIP <b>MIAMI, FL. 33177</b>	
NAME	Delete <input type="checkbox"/>
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 address; with all other like empowered.

SIGNATURE: **[Signature]** Date: **3/2/04** Daytime Phone #: **305-971-2906**

CR2E034 (9/01)