2003 FOR PROFIT CORPORATION

Mailing Address

MIAM! FL 33157

3. Mailing Address

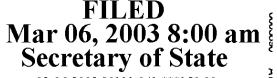
City & State

Ζip

Suite, Apt. #, etc.

9531 SW 165 STREET

UNIFORM BUSINESS REPORT (UBR P01000077101 DOCUMENT # 1. Entity Name GERMAN LANDSCAPING INC.



03-06-2003 90111 041 ***150.00

☐ CHECK HERE IF MAKING CHA	- D. 14 DE S B D S D S 14 D S D S D
. FEI Number	Applied For
65-1129275	Not Applicable
	75 Additional Required

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

9531 SW 165 STREET MIAMI FL 33157		
	City	FL Zip Code
The above named entity submits this statement for the purpose of cha the obligations of registered agent.	anging its registered office or registered agent, or both, in the S	State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed harme of registered agent and title if applicable.		3-3-03
Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE

11.

(NOTE: Registered Agent signature required when reinstating)

►Name

Country

ŝ	FILE NOW!!! FEE IS \$150.00	
	After May 1, 2003 Fee will be \$550.00	
Make (Check Payable to Florida Department of State	

Country

6. Name and Address of Current Registered Agent

OFFICERS AND DIRECTORS

Principal Place of Business

2. Principal Place of Business

ALFARO, GERMAN D

PSD

9531 SW 165 STREET

Suite, Apt. #, etc.

City & State

Zip

10.

TITLE

MIAMI FL 33157

9.	Election Campaign Financing
	Trust Fund Contribution.

7. Name and Address of New Registered Agent

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

\$5.00 May Be Added to Fees

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ALFARO, GERMAN D 9531 SW 165 STREET MIAMI FL 33157	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete •	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	e som inga seeges megasas	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
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TITLE NAME STREET ADORESS CITY-ST-ZIP	·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE		☐ Delete	TITLE	☐ 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.

STREET ADDRESS CITY-ST-ZIP

NAME

SIGNATURE!

NAME

STREET ADDRESS

☐ Change

☐ Addition