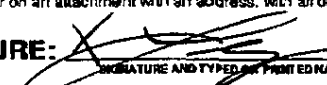


FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90159 025 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000064023			
1. Entity Name ALL FLORIDA LANDSCAPE & MAINTENANCE INC.			
Principal Place of Business 8817 N.W. 21ST TERRACE MIAMI, FL 33172		Mailing Address 8817 N.W. 21ST TERRACE MIAMI, FL 33172	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 9220 SW 105th St	
City & State		City & State Miami, FL	
Zip	Country	Zip	Country
		33176	
4. FEI Number		Applied For	
01-0717414		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	
HOLMAN, DONNA C.P.A. 4960 SW 72ND AVENUE SUITE 304 MIAMI, FL 33155		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____			
(NOTE: Registered Agent's signature required when replacing)			
9. Election Campaign Financing Trust Fund Contribution.		5.00 May Be Added to Fees	
☐		☐	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P, S	TITLE	Change
NAME	BRYANT, LORNA	NAME	☐
STREET ADDRESS	8817 NW 21ST TERRACE	STREET ADDRESS	9220 SW 105th St
CITY-ST-ZIP	MIAMI, FL 33172	CITY-ST-ZIP	Miami FL 33176
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.			
SIGNATURE: 		4-26-03 305-498-1609	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	

CRS 034 (10/02)