## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED DOCUMENT # P9800000776 May 01, 2000 8:00 am Secretary of State 1. Entity Name L'IL GIANT LANDSCAPING, INC. 05-01-2000 90023 012 \*\*\*150.00 Principal Place of Business Mailing Address 19067 SW 122 AVE 14170 SW 140 ST P.O. BOX 164905 MIAMI FL-00106 33186 MIAMI FL 33116-4905 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0802304 Not Applicable Miami Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Sahe DIAZ, GILBERT Street Address (P.O. Box Number is Not Acceptable) 19007 SW 122 AVE 14170 SW 140 ST MIAMI FL 33186 51 SW 140 City Miami 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ĐP ☐ Addition TITLE TITLE ☐ Delete NAME NAME DIAZ, GILBERTO 14170 SW 140 ST 13067-SW-122 AVE 14170 SW 140 ST STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Hiani, FL 33186 MIAMI FL 33186 ☐ Addition DVS TITLE □ Delete TITLE NAME NAME PICAR, MIGUEL A 13067 SW 122 AVE 14170 SW 140 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 ☐ Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.