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FILED
May 01, 2002 8:00 am
Secretary of State

02-24-2002 90005 016 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067041

1. Entity Name

CONTINENTAL LANDSCAPING AND LAWN MAINTENANCE, IN
C.

Principal Place of Business

2950 NORTH 28TH TERR.
HOLLYWOOD FL 33020

Mailing Address

2950 NORTH 28TH TERR.
HOLLYWOOD FL 33020

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0964650**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

STEARNS, WEAVER, ETAL
150 W. FLAGLER ST.
MIAMI FL 33130

*See Attached
Request from Last Yr*

7. Name and Address of New Registered Agent

Name Schatz, Richard Esquire
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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **PATTERSON, D. SCOTT**
STREET ADDRESS **1140 BAY ST., STE. 4000**
CITY-STATE-ZIP **TORONTO, ONTARIO, M5S 2B4**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **D** ☐ Delete
NAME **GOMBERG, GENE**
STREET ADDRESS **2950 N. 28TH TERRACE**
CITY-STATE-ZIP **HOLLYWOOD FL 33020**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **DP** ☐ Delete
NAME **FACARAZZO, LUKE JR**
STREET ADDRESS **2950 N. 28TH TERRACE**
CITY-STATE-ZIP **HOLLYWOOD FL 33020**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **DS** ☐ Delete
NAME **STRUNIN, RICHARD**
STREET ADDRESS **2950 N. 28TH TERRACE**
CITY-STATE-ZIP **HOLLYWOOD FL 33020**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **TCFO** ☐ Delete
NAME **CHRISTENSEN, STEVEN J.**
STREET ADDRESS **2950 N. 28TH TERRACE**
CITY-STATE-ZIP **HOLLYWOOD FL 33020**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 and other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director
Signature: Steven J. Christensen **1/8/02** **(954) 925-8200**
Date Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000067041**

1. Entity Name

CONTINENTAL LANDSCAPING AND LAWN MAINTENANCE, IN

Principal Place of Business

2950 NORTH 28TH TERR.
HOLLYWOOD FL 33020

Mailing Address

2950 NORTH 28TH TERR.
HOLLYWOOD FL 33020

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Attachment / [Redacted]

26427

DO NOT WRITE IN THIS SPACE



4. FBI Number **65-0964650**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHATZ, RICHARD E.
150 W. FLAGLER ST.
MIAMI FL 33130

*Pls Add:
Stearns, Weaver, et al*

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

Signature, need official name of registered agent and use it applicable.

(NOTE: Registered Agent signature required when re-registering)

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

TITLE	D	☐ Delete
NAME	PATTERSON, D. SCOTT	
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CITY-ST-ZIP	TORONTO, ONTARIO, M5S 2B4	
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NAME	GOMBERG, GENE	
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TITLE	DP	☐ Delete
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STREET ADDRESS	2950 N. 28TH TERRACE	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	OS	☐ Delete
NAME	STRUNIN, RICHARD	
STREET ADDRESS	2950 N. 28TH TERRACE	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	TCFO	☐ Delete
NAME	CHRISTENSEN, STEVEN J	
STREET ADDRESS	2950 N. 28TH TERRACE	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
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CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
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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 file 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/01 (954) 925-8200
X2288