

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 251520

1. Entity Name

EVERGLADES SOD & LANDSCAPING, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90009 040 ***550.00

Principal Place of Business

19120 KROME AVE.
 MIAMI FL 33187

Mailing Address

19120 KROME AVE.
 MIAMI FL 33187

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0939562**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

LAVARGNA, CARRIE S. E
 9250 SW 83RD ST
 13410 SW 128 STREET
 MIAMI FL 33173

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, 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
 NAME VD
 STREET ADDRESS LAVARGNA, LISA B
 CITY-ST-ZIP 9395 SW 66TH ST
 MIAMI, FL 00000

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

TITLE ☐ Delete
 NAME ST
 STREET ADDRESS LAVARGNA, LAURENCE P
 CITY-ST-ZIP 9395 SW 66TH ST
 MIAMI, FL 00000

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

TITLE ☐ Delete
 NAME VSD
 STREET ADDRESS BRANHAM, TONI L
 CITY-ST-ZIP 19663 SW 82ND STREET
 MIAMI, FL 00000

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

TITLE ☐ Delete
 NAME PDC
 STREET ADDRESS LAVARGNA, ANTHONY H
 CITY-ST-ZIP 9395 SW 66TH ST
 MIAMI, FL 00000

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

TITLE ☐ Delete
 NAME VD
 STREET ADDRESS BURLESON, CINDY LEE
 CITY-ST-ZIP 19001 SW 272 ST
 HOMESTEAD, FL 00000

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 an address, with all other line empowered.

SIGNATURE:

SIGNATURE *[Signature]* PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/17/00 305.235.5411
 Date Daytime Phone #

CR2E034 (5/00)