## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 08, 2001 8:00 am Secretary of State DOCUMENT # 469703 1. Entity Name LUKE'S LANDSCAPING, INC. 03-08-2001 90123 042 \*\*\*150.00 Mailing Address Principal Place of Business 3920 N.W. 94 AVE. 9920 N.W. 94 AVE. HOLLYWOOD FL 33024 HOLLYWOOD FL 33024 2. Principal Place of Business 3. Mailing Address Terrace DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number 59-1587233 Not Applicable Zip Country \$8,75 Additional 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent .EACARAZZO LUKE-JR.-> ler eta 3920 NW 04 AVE HOLLYWOOD FL 33024 Street Suite 2200 City ent for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity SIGNATURE fagent and title if applicable. (NOTE: Registered Agent signature required when reinstating) TE ted os Sehrares 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, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition PSTV-TITLE Change ☐ Delete TITLE NAME NAME FACARAZZO, LUKE JR. STREET ADDRESS STREET ADDRESS 3920 NE 94TH AVE CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL ☐ Change 🜠 Addition ☐ Delete TITLE NAME NAME STREET ADDRESS N. 28+4 Terrace STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ddition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP X Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 receivered.

SIGNATURE:

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 (954) 925-8200 Dayline Phone 3 - 200