

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F42265

1. Entity Name

ENVIROSCAPES, INC.

**FILED**  
**Jan 14, 2000 8:00 am**  
**Secretary of State**

01-14-2000 90004 029 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O VAN MARTIN  
 12677 S. DIXIE HIGHWAY  
 MIAMI FL 33156  
 US

PO BOX 160703  
 MIAMI FL 33116-0703  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0170725

Applied For

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

MARTIN, MARK, DREW  
 12681 S DIXIE HWY  
 MIAMI FL 33156

Name

Street Address (P.O. Box Number is Not Acceptable)

12677 SO. DIXIE HWY.

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, 2000 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  Delete  
 NAME PD  
 STREET ADDRESS MARTIN, MARK DREW  
 CITY-ST-ZIP 12677 S. DIXIE HIGHWAY  
 MIAMI FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME STD  
 STREET ADDRESS VAN, MARTIN  
 CITY-ST-ZIP 12681 S DIXIE HWY  
 MIAMI FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS 12677 S. DIXIE HIGHWAY  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

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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)(l), 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.

SIGNATURE:

*Mark Drew Martin* MARK DREW MARTIN 1.5.00 205 279-9914  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/99)