

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F87033**

1. Entity Name

EVERGREEN INTERIOR LANDSCAPING, INC.**FILED****Feb 09, 2000 8:00 am**
Secretary of State

02-09-2000 90086 040 ***150.00

Principal Place of Business

Mailing Address

3841 NE 2ND AVE
305
MIAMI FL 33137
US3841 NE 2ND AVE
305
MIAMI FL 33137-3699
US**810810**

2. Principal Place of Business

3. Mailing Address

3841 NE 2ND AVE
Suite, Apt. #, etc.
305SANC
Suite, Apt. #, etc.
305

DO NOT WRITE IN THIS SPACE

City & State

City & State

MIAMI FL

MIAMI FL

Zip
33137Country
USAZip
33137Country
USA

4. FEI Number

59-2192124

Applied For
Not Applied For5. 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

TERRIS, STEPHANIE
3062 LAKEWOOD CIR
FT LAUDERDALE FL 33332

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 \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** may
Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	TERRIS, STEPHANIE	
STREET ADDRESS	3062 LAKEWOOD CIR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	TERRIS, RICHARD	
STREET ADDRESS	3062 LAKEWOOD CIR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/00

305-573-3111