

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G00053

1. Entity Name

BITTER BLUE LAWN & GARDEN, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90020 036 ***150.00

Principal Place of Business

Mailing Address

7760 TAFT ST.
PEMBROKE PINES FL 33024
US

7760 TAFT ST.
PEMBROKE PINES FL 33024-5256
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1621 NW 77th Way

3. Mailing Address

7910 Taft St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

306

City & State
Pembroke Pines FL

City & State
Pembroke Pines, FL

4. FEI Number 59-2221731

Applied For
Not Applicable

Zip 33024

Country USA

Zip 33024

Country USA

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

ENGEL, LEO
7750 TAFT ST
#4
PEMBROKE PINES FL 33024

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 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	P	<input type="checkbox"/> Delete
NAME	ENGEL, LEO	
STREET ADDRESS	7750 TAFT ST #4	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	VS	<input type="checkbox"/> Delete
NAME	ENGEL, LORRAINE	
STREET ADDRESS	7750 TAFT ST., #4	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	T	<input type="checkbox"/> Delete
NAME	ENGEL, LORRIANE	
STREET ADDRESS	7750 TAFT ST, #4	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: Lorraine Engel, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-00 (954) 981-2626

Date

Daytime Phone #

CR2E034 (9/99)