

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90155 047 ***150.00

DOCUMENT # G20494

1. Entity Name
SOUTHERN LANDSCAPING ENTERPRISES, INC.



Principal Place of Business
**10350NW 55TH ST.
SUNRISE FL 33351**

Mailing Address
**10350NW 55TH ST.
SUNRISE FL 33351**



2. Principal Place of Business

5130 S.W. 64th Ave.

Suite, Apt. #, etc.

Davie, Florida

City & State

33314 US

Zip

Country

3. Mailing Address

5130 S.W. 64th Ave.

Suite, Apt. #, etc.

Davie, Florida

City & State

33314 US

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2269443**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STEVEN, PEARL
1947 SW 177TH AVE
HOLLYWOOD FL 33027**

7. Name and Address of New Registered Agent

Name **Pearl Steven**

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

5130 S.W. 64th Ave.

City **Davie, FL** Zip Code **33314**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **X [Signature]**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003: Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **PEARL, STEVEN**
STREET ADDRESS **689 SW 168TH TERRACE**
CITY-ST-ZIP **PEMBROKE PINES FL 33027**

TITLE **V** ☐ Delete
NAME **MARTA, PEARL**
STREET ADDRESS **689 SW 168TH TERRACE**
CITY-ST-ZIP **PEMBROKE PINES FL 33027**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)