

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# G65426

FILED
Jan 09, 2003
Secretary of State

Entity Name: MIAMI LANDSCAPE MAINTENANCE COMPANY, INC.

Current Principal Place of Business:

% MICHAEL F. BARNETT
PO BOX 161948
MIAMI, FL 331161948

New Principal Place of Business:

Current Mailing Address:

% MICHAEL F. BARNETT
PO BOX 161948
MIAMI, FL 331161948

New Mailing Address:

FEI Number: 59-2374216 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMMONS & ASSOCIATES INC
2701 S BAYSHORE DR
SUITE 606
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BARNETT, MICHAEL F.
Address: 2701 S BAYSHORE DR, #606
City-St-Zip: COCONUT GROVE, FL

Title: STD () Delete
Name: HARDING-BARNETT, S.,
Address: 2701 S BAYSHORE DR, #606
City-St-Zip: COCONUT GROVE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL F. BARNETT

DP

01/09/2003

Electronic Signature of Signing Officer or Director

_____ Date