

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 03, 1999 8:00 am Secretary of State

| | 1999 | | DIVISION OF CO | RPORAT | IONȘ | j | 05-03-1999 90 | 0094 017 | ***158.7 | 5 |
|---|---------------------------------|----------------------------|-------------------------------|---------------|---|----------------------------|---|-----------------|---|-----------------------|
| DOCUI | MENT # G | 99097 | | | | | | | | |
| VILA AND SON LANDSCAPING CORP. | | | | | | | | | | |
| | | | | | | | n d er icht beid Land fein beine de | yi idan Bidir T | 1980 188 0 1880 1 | J1811 81 81 1881 1881 |
| | | | | | | | | | | ARBIR BREK ABBI |
| Principal Place of Business Mailing Address | | | | | | | r ingilit mare intil intil thirt batch to |) | ! | Trace Black same |
| 20451 SW 216 STR | | | | | | Ī | • | | | |
| MIAMI FL 33170 - MIAMI FL 33187 | | | | | | Į | | | | |
| us us | | | | | | DO NOT WRITE IN THIS SPACE | | | | |
| · | | | | | | | 3. Date Incorporated or Qualifed | | | |
| | | | | | | | 02/29/1984 | | | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | 1216 ST. | | 4. FEI Number | | - | plied For |
| 21 202 | <u> </u> | .16 St. 1 | | 1 610 | 1 2 | ٥٠ | 59-2384066 | | | t Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 27 | | | | | | | 5. Certificate of Status Desired | <u> </u> | \$8.75 A | |
| City & State Miami, Fluida 28 Miami | | | | | • | | Election Campaign Financing Trust Fund Contribution | | \$5.00 Added t | |
| Zip 22171) Country Zip 22171) | | | | | , | | 8. This corporation owes the curre | ent year Int | tangible | |
| 24 991 | 25 | [| 29 20110 31 | o <u> </u> | | | Personal Property Tax. | | ☐ Yes | I¥No / |
| g. Name and Address of Current Registered Agent | | | | | | | 10:-Name and Address of New Registered Agent | | | |
| VILA, BAUDILIO B. 23315 SW 187 AVE | | | | | 81 Name | | | | | 11 |
| | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | | | | | | | | Ī |
| HOMESTEAD FL 33031 | | | | | | | | | | 3 |
| | | | | | City | | | | 85 Zip (| Code |
| | | | | 84 | · · | | | FL | <u> </u> | , , |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | | | | | |
| SIGNATURE | Signature, broad of printed par | ne of registered agent and | title if applicable /NOTE: Pi | enistered Age | nt signature n | equired w | hen reinstating) | DATE | | { |
| Signature, typed of printed name of registered agent and title if applicable. (NOTE: Registered 12. OFFICERS AND DIRECTORS 13 | | | | | | ,u | ADDITIONS/CHANGES TO OFF | | ND DIRECTO | RS IN 12 |
| TITLE | V DELETE 1.1 | | | | | { | | | Change | Addition |
| NAME | VILA, BAUDILIO B | | | 1.2 NAME | | | | | | |
| STREET ADDRESS | | | | | TADORESS : | | | | | |
| CITY-ST-ZIP | HOMESTEAD FL | • | | 1.4 C/TY-S | | Ì | | | | |
| TITLE | P | • | [] DELETE | 2.1 TITLE | 1-21 | | | | Change | Addition |
| NAME | VILA. JUAN CARL | ns. | | 2.2 NAME | | 1 | | | _ · | } |
| ' ''' | 23315 SW 187 AV | | • | | TADDRESS | | | | | ĺ |
| STREET ADDRESS | HOMESTEAD FL | L | | 2.3 STREE | | | | | | { |
| CITY-ST-ZIP TITLE | VP. | | DELETE | 3.1 TITLE |)+- LI F | - | | | Change | Addition |
| l | -RICARDO, LEAL | | _ 566.15 | 3.2 NAME | | Į | | | | - |
| NAME | NIUMNUU, LEAL | | | J.Z NAME | | 1 | | | | } |

STREET ADDRESS 6825 SW 59TH STREET 3.3 STREET ADDRESS MIAMI FL 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 4.1 TITLE TITLE CABALLERO, ARIEL 4. 2 NAME NAME 8600 SW 99TH COURT 4.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33165 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change DELETE ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. 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 annual report or supplied and a courage 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 report rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an appear with an address, with all other like empowered. filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

SIGNATURE:

URE REQUIRED