2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 25, 2000 8:00 am Secretary of State **DOCUMENT # G99097** VILA AND SON LANDSCAPING CORP. 04-25-2000 90007 027 ***150.00 Mailing Address Principal Place of Business 20451 SW 216 STR 20451 SW 216 STR MIAMI FL 33170 MIAMI FL 33170-1106 645195 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2384066 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VILA. BAUDILIO B. Street Address (P.O. Box Number is Not Acceptable) 23315 SW 187 AVE **HOMESTEAD FL 33031** Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change Addition ☐ Delete TITLE vila. Baudilio B. NAME STREET ADDRESS STREET ADDRESS 23315 SW 187 AVE CITY-ST-ZIP CITY-ST-ZIP HOMESTEAD FL X Change TITLE ☐ Delete TITLE PRESIDENT ☐ Addition VILA. JUAN CARLOS NAME JUAN CARLOS VILA NAME STREET ADDRESS 23315 SW 187 AVE STREET ADDRESS 18900 SW 232NS STREET CITY-ST-ZIP CITY-ST-ZIP HOMESTEAD FL <u>MIAMI, FL 33170</u> Delete ☐ Change ☐ Addition TITLE TITLE RICARDO, LEAL NAME NAME STREET ADDRESS STREET ADDRESS 6825 SW 59TH STREET CITY-ST-ZIP CITY-ST-ZIP Miami Fl VICE-PRESIDENT X Change ☐ Addition TITLE ☐ Delete TITLE ARIEL CABALLERO CABALLERO, ARIEL NAME NAME STREET ADDRESS 8600 SW 99TH COURT 1600 SW 99TH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33165 MIAMI, FL 33165 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

SIGNATURE REQUIRE AUDILIO B. VILA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305 255-9206

Daytime Phone #