

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J23901

1. Entity Name

TROPICAL LANDSCAPE & LAWN SERVICE, INC.

Principal Place of Business

% JORGE L. VIZCAINO  
1840 SW 67TH AVE  
MIAMI FL 33155

Mailing Address

% JORGE L. VIZCAINO  
1840 SW 67TH AVE  
MIAMI FL 33155

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2703334

Applied For

Not Applicable

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

DEL RIO, JOSE  
108 SW 159 WAY  
SUNRISE FL 33326

Name

JOSE DEL RIO

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

18881 S.W. 29TH COURT

City

MIRAMAR

FL

Zip Code  
33029

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.

JOSE DEL RIO (PRESIDENT)

01/29/01

(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, 2001 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 VS  
NAME DEL RIO, CANDIDA ☐ Delete  
STREET ADDRESS 1840 SW 67TH AVE  
CITY-ST-ZIP MIAMI FL

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

TITLE PT  
NAME DEL RIO, JOSE ☐ Delete  
STREET ADDRESS 108 SW 159 WAY  
CITY-ST-ZIP SUNRISE FL

TITLE P  
NAME JOSE DEL RIO ☐ Change ☒ Addition  
STREET ADDRESS 18881 S.W. 29TH COURT  
CITY-ST-ZIP MIRAMAR FLORIDA 33029

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE B  
NAME BEATRIZ DEL RIO ☐ Change ☒ Addition  
STREET ADDRESS 18881 S.W. 29TH COURT  
CITY-ST-ZIP MIRAMAR FLORIDA 33029

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 12, 2001 8:00 am  
Secretary of State

04-12-2001 90059 049 \*\*\*150.00

C0045751



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)