

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K04852

1. Entity Name

BAMBOO HAMMOCK LANDSCAPING, INC.

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90280 002 ***150.00

Principal Place of Business

Mailing Address

% RODGER, WILSON
21945 S.W. 194TH AVENUE
MIAMI FL 33170

% RODGER, WILSON
21945 SW 194 AVE
MIAMI FL 33170
US

2. Principal Place of Business

3. Mailing Address

16991 SW 266 Terr

16991 SW 266 Terr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Homestead, FL

Homestead, FL

Zip

Country

Zip

Country

33031 USA

USA

33031 USA

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0016707

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

WILSON, RODGER
21945 S.W. 194TH AVENUE
MIAMI FL 33170

Name

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

City

FL

Zip Code

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.

RODGER WILSON Pres.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/28/01

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	D	<input type="checkbox"/> Delete
NAME	WILSON, RODGER	
STREET ADDRESS	21945 S.W. 194TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, KATHLEEN	
STREET ADDRESS	21945 S.W. 194TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	16991 SW 266 Terr	
CITY-ST-ZIP	Homestead, FL 33031	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	16991 SW 266 Terr	
CITY-ST-ZIP	Homestead, FL 33031	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

RODGER WILSON Pres 1/28/01 (305) 248-7301

CR2E034 (10/00)