

4/25/01

FILED

May 18, 2001 8:00 am
Secretary of State

04-25-2001 90060 001 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L41007

1. Entity Name

GARDENIA'S LANDSCAPING, INC.

Principal Place of Business

Mailing Address

C/O MANUEL ALFREDO LOPEZ
2481 WINDSOR ROAD
PALM BEACH GARDENS FL 33410C/O MANUEL ALFREDO LOPEZ
2481 WINDSOR ROAD
PALM BEACH GARDENS FL 33410

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 65-0184202

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

DE MENDOZA III, MARIO G.
MENDOZA AND CALLAS
251 ROYAL PALM WAY, SUITE 602
PALM BEACH FL 33480

Name

Street Address (Do Not Box)

City

State

Zip

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.

(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 State10. 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
NAME LOPEZ, MANUEL ALFREDO
STREET ADDRESS 2481 WINDSOR ROAD
CITY-ST-ZIP PALM BEACH GRDNS.FL ☐ DeleteTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D
NAME LOPEZ, CARMEN IRENE
STREET ADDRESS 2481 WINDSOR ROAD
CITY-ST-ZIP PALM BEACH GRDNS.FL ☐ DeleteTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ 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: MANUEL ALFREDO LOPEZ 05/03/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-626-9153

CR20034 (10/00)