

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M30090

1. Entity Name

HOLIDAY LANDSCAPING, INC

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90069 036 ***150.00

Principal Place of Business 21025 S.W. 210TH AVE. MIAMI FL 33187	Mailing Address 21025 S.W. 210TH AVE. MIAMI FL 33187-3908
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2. Principal Place of Business 21025 S.W. 210 AVE. Suite, Apt. #, etc.	3. Mailing Address 21025 S.W. 210 AVE Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State MIAMI, FL	City & State MIAMI, FL	4. FEI Number 59-2664417	Applied For Not Applicable
Zip 33187	Country MIAMI-DADE	Zip 33187	Country MIAMI-DADE

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ROVIRA, JOSE B.
21025 SW 210 AVE
MIAMI 33187

7. Name and Address of New Registered Agent

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 _____ (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, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ROVIRA, JOSE B. 21025 SW 210 AVE MIAMI FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE B. ROVIRA 1-3-00 (305) 255-6232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #