

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
Tallahassee, Florida 32399-0001

05/01/95 10:07

ALLIANCE LANDSCAPING SERVICES CORP.
TALLAHASSEE, FLORIDA

DOCUMENT # M37971 (2)

1. Corporation Name

ALLIANCE LANDSCAPING SERVICES CORP.

Principal Place of Business

**10621 N KENDALL DR #216
MIAMI FL 33176**

Mailing Address

**10621 N KENDALL DR #216
MIAMI FL 33176**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/05/1986

3a. Date of Last Report

10/28/1994

4. FEI Number

59-2719746

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contributions

☐ **\$5.00 May Be
Added to Fees**

9. Have you ever been convicted for a felony under
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**GOLD, STUART M.
3191 CORAL WAY, 3RD FLOOR
MIAMI FL 33145**

10. Name and Address of New Registered Agent

81. Name

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

83. City

84. State

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.01, 607.02, and 607.03, Florida Statutes, the officers and directors of this corporation hereby accept the appointment as registered agent of this corporation and accept the obligations of Sections 607.01, 607.02, and 607.03, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Officer or Director

49

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SEDAGAHT, BEHZAD
STREET ADDRESS	10621 N. KENDALL DR.
CITY, STATE, ZIP	MIAMI FL
TITLE	T
NAME	SEDAGHAT, BAHRAM
STREET ADDRESS	10621 S.W. 88TH STREET
CITY, STATE, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

13. ADDITIONAL INFORMATION

1. NAME	☐ Change ☐ Addition
2. STREET ADDRESS	☐ Change ☐ Addition
3. CITY, STATE, ZIP	☐ Change ☐ Addition
4. NAME	☐ Change ☐ Addition
5. STREET ADDRESS	☐ Change ☐ Addition
6. CITY, STATE, ZIP	☐ Change ☐ Addition
7. NAME	☐ Change ☐ Addition
8. STREET ADDRESS	☐ Change ☐ Addition
9. CITY, STATE, ZIP	☐ Change ☐ Addition
10. NAME	☐ Change ☐ Addition
11. STREET ADDRESS	☐ Change ☐ Addition
12. CITY, STATE, ZIP	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is true and correct and does not violate, for the corporation, the provisions of Sections 607.01, 607.02, and 607.03, Florida Statutes, and that the information indicated on this annual report is supplied in good faith and that my signature shall have the same legal effect as if it were signed by the officer or director of the corporation. I have prepared and signed this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 2, of the report as required by Chapter 607, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEDAGAHT, BEHZAD

05/01/95

274-2253