


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000008267 1. Entity Name UNITED LANDSCAPERS ASSOCIATION, INC.	
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Principal Place of Business 8511 SW 27 TERRACE MIAMI, FL 33155	Mailing Address 8511 SW 27 TERRACE MIAMI, FL 33155
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DO NOT WRITE IN THIS SPACE



04112005 No Chg-NP CR2E037 (10/03)

4. FEI Number 02-0650053	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PEREZ, LUIS
8511 SW 27 TERRACE
MIAMI, FL 33155

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution: ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ, LUIS 8511 SW 27 TERRACE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VALDES, ANTHONY 4915 SW 102 PLACE MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SALAS, MIGUEL 1080 NW 128 COURT MIAMI, FL 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERMUDEZ, PEDRO 9325 SW 43RD TERRACE MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD QUESADA, EDGAR 15391 SW 143 AVENUE MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

U00000303121
04/13/05-80098-020 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes, and that my name appears in Block 10 or Block 11 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

4/11/05
Date Daytime Phone #