2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02000008267

1. Entity Name

UNITED LANDSCAPERS ASSOCIATION, INC.



FILED Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90107 045 ****70.00

<u></u>				A COO WE T					
Principal Place of Business 8511 SW 27 TERRACE MIAMI FL 33155			Mailing Address 8511 SW 27 TERRACE MIAMI FL 33155		1 (48)(1) 2 8)(4	69993641			
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State			City & State		4. FEI Number	4. FEI Nymber 0650053 Applied For Not Applicable			
Zi\$ Country		Zip Country			5. Certificate of Status Desired Sa.75 Additional Fee Required				
	- 6. Name	and Address of Current F	Registered Agent		- 7. Name and Add	dress of New Registered A			┨
				Name					1
	V 27 TERRA	CE		Street Add	lress (P.O. Box Number is	(P.O. Box Number is Not Acceptable)			
MIAMI F	L 33155								1
*				City		FL	Zip Cod		1
8. The above the obligation of	e named entit ations of regist	y submits this statement for ered agent.	the purpose of changing	its registered office or re	gistered agent, or both, in	the State of Florida. I am f	amiliar with,	and accept	1
SIGNATURE									
	Signature, typed	or printed name of registered agent ar	nd title if applicable. (N	OTE: Registered Agent signature	required when reinstating)	DATE			ĺ
+00	FILE NOW	: FEE IS \$61.25 ale \$ 7000		ampaign Financing I Contribution.	\$5.00 May Be Added to Fees	Make Check Florida Depart			
10.	. 16 .1-	OFFICERS AND DIRI	ECTORS.	11,	ADDITIONS/CHANG	ES TO OFFICERS AND DIF	ECTORC IN	1.10	1
TITLE	PD	10	□ Delete	TITLE	ADDITIONS/OFIANG	ES TO OFFICENS AND DIF	Change	Addition	16
NAME	PEREZ, LU			NAME			onlinge	Radition	18
STREET ADDRESS	1.	27 TERRACE		STREET ADDRESS					1
CITY-ST-ZIP	MIAMI FL	33155		CITY-ST-ZIP					ۇ <u>ل</u>
TITLE	VD VALDES A	AITUANV	☐ Delete	TITLE			☐ Change	Addition	ؤ
NAME STREET ADDRESS	VALDES, A			NAME					1
CITY-ST-ZIP -	MIAMI FL=			STREET ADDRESS CITY-ST-ZIP			•		ĺ
TITLE	TD		Delete	TITLE	. <u> </u>				┨
NAME	SALAS, MI	GUEL	□ Delete	NAME			☐ Change	☐ Addition	
STREET ADDRESS	1080 NW	128 COURT		STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 3	33182		CITY-ST-ZIP					
TITLE	VD		☐ Delete	TITLE	2	<u>. </u>	☐ Change	Addition	1
NAME	BERMUDE			NAME			_ ,	_	}
STREET ADDRESS	1	ISRD TERRACE		STREET ADDRESS					
CITY-ST-ZIP	MIAMIFL 3	33165		CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·				
TITLE NAME	QUESADA,	FIGAR	☐ Delete	TITLE			☐ Change	Addition	
STREET ADDRESS		143 AVENUE		NAME STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 3			CITY-ST-ZIP					
		וווטו							
TITLE	 		□ Delete						-
TITLE NAME			☐ Delete	TITLE NAME			☐ Change	Addition	

12. I hereby certify that the information supplied with this filling 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 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

H6-03

305-401-6000