

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90055 040 ***150.00

DOCUMENT # P00000010772

1. Entity Name

NILO'S LANDSCAPING & LAWN SERVICES
INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4933 NW 96TH Terr

3. Mailing Address

4933 NW 96TH Terr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sunrise FL

City & State

Sunrise FL

4. FEI Number

65-0977650

Applied For

Not Applicable

Zip

33351

Country

Zip

33351

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SANDRA CORREA

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

4933 NW 96TH Terr

City

Sunrise

FL

Zip Code

33351

**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.

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 PD
NAME SANDRA CORREA
STREET ADDRESS 4933 NW 96TH Terr
CITY-ST-ZIP Sunrise FL 33351

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANDRA CORREA

PRESIDENT

4/29/02

Date

(952) 749-6942

Daytime Phone #