

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90005 025 ***150.00

DOCUMENT # P00000042406

1. Entity Name

FORTALEZA LANDSCAPING INC.

Principal Place of Business

798 ORIENTA AVENUE

#D

ALTAMONTE SPRINGS FL 32750

Mailing Address

798 ORIENTA AVENUE

#D

ALTAMONTE SPRINGS FL 32750

2. Principal Place of Business

5434 EGGLESTON AV

Suite, Apt. #, etc.

3. Mailing Address

5434 EGGLESTON AV

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
ORLANDO - FL

Zip
32810

Country
USA

City & State
ORLANDO - FL

Zip
32810

Country
USA

4. FEI Number
59-3646347

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FILHO, JUAREZ L

798 ORIENTA AVENUE

#D

ALTAMONTE SPRINGS FL 32750

7. Name and Address of New Registered Agent

Name
SAME

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

5434 EGGLESTON AV

City
ORLANDO

FL

Zip Code
32810

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]*

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 **P** ☒ Delete
 NAME **FILHO, JUAREZ L**
 STREET ADDRESS **798 ORIENTA AVENUE**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32750**

TITLE **V** ☒ Delete
 NAME **LEITE, EDIRLANA**
 STREET ADDRESS **798 ORIENTA AVENUE**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32750**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **FILHO, JUAREZ L**
 STREET ADDRESS **5434 EGGLESTON AV**
 CITY-ST-ZIP **ORLANDO - FL 32810**

TITLE **V** ☒ Change ☐ Addition
 NAME **LEITE, EDIRLANA**
 STREET ADDRESS **5434 EGGLESTON AV**
 CITY-ST-ZIP **ORLANDO - FL 32810**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/23/02

CR2E034 (9/01)