2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

May 23, 2002 8:00 am Secretary of State P00000049337 DOCUMENT # 1. Entity Name 05-23-2002 90078 040 ***150 00 VENTURA LANDSCAPING & MAINTENANCE, INC. Mailing Address Principal Place of Business 15241 S.W. 302ND ST 15241 S.W. 302ND ST MIAMI FL 33033 MIAMI FL 33033 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-1009477 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VENTURA, JOSE E Street Address (P.O. Box Number is Not Acceptable) 15241 S.W. 302ND ST **MIAMI FL 33033** Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax fiffing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS ☐ Change ☐ Addition TITLE PD ☐ Delete TITLE NAME VENTURA, JOSE E NAME STREET ADDRESS 15241 S.W. 302ND ST STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33033** CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE VENTURA, BLANCA HERMINA NAME NAME STREET ADDRESS STREET ADDRESS 15241 S.W. 302ND ST CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33033** Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

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