

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2001 8:00 am**  
**Secretary of State**

05-24-2001 90493 045 \*\*\*150.00

DOCUMENT # P00000059312

1. Entity Name  
 Landscape by Sandra

Principal Place of Business

Mailing Address

2. Principal Place of Business

11420 SW 5 Tr

3. Mailing Address

11420 SW 5 Tr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

770349

City & State Miami FL		City & State Miami FL		4. FEI Number 105-1020061	Applied For <input type="checkbox"/> Not Applicable
Zip 33174	Country USA	Zip 33174	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Jeffrey Sterling  
 11420 SW 5 Tr.  
 Miami, FL 33174

Name

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

City

FL

Zip Code

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 resigning.)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FEE NOW!**  
 After MAY 1, 2001  
 Make Check Payable to: Department of State

FEES \$150.00  
 Fee will be \$550.00

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director SANDIA STERLING 11420 SW 5 Tr. MIAMI FL 33174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Jeffrey Sterling 11420 SW 5 Tr. MIAMI FL 33174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Jeffrey Sterling

4/30/01 305 610 7109

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Business Phone #

CP2E034 (11/00)

*Attachment*  
*F# P00000059312*  
*770349*  
LANDSCAPE BY SANDRA, INC.

tel: 305-962-2577  
fax: 305-723-7866

11420 SW 5 Tr. Miami, FL 33174

e-mail: [info@sterlingsolar.com](mailto:info@sterlingsolar.com)

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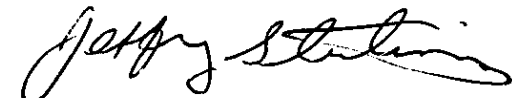
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May 1<sup>st</sup>, 2001

Please accept my Uniform Business Report as if it was ontime. I have been moving my home and had misplaced the original state printed report.

Thank you very much.

Thank you,



Jeff Sterling