

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91332 046 ***150.00

DOCUMENT # P00000080528 ✓

1. Entity Name

Create A Scape Landscape and Maintenance

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1060 NE 95 ST

Suite, Apt. #, etc.

3. Mailing Address

1060 NE 95 ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami Shores FL

City & State

Miami Shores FL

4. FEI Number

65-1044437

Applied For

Not Applicable

Zip

33138

Country

Zip

33138

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Robert Robinson

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

6445 SW 135 Dr.

City

Miami

Zip Code

33150

**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) ☒

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	TITLE	NAME
NAME	<u>P Robert Robinson</u>	NAME	
STREET ADDRESS	<u>6445 SW 135 Dr.</u>	STREET ADDRESS	
CITY - ST - ZIP	<u>Miami, FL 33150</u>	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 897, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305 479-4388

Daytime Phone #

CR2E0345 (12/01)