FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) 200

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90412 048 ***150.00

DOCUMENT # P00000095547

1. Entity Name
Paradise Landscaping Design Corp

DO NOT WRITE IN THIS SPACE

40076327

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1811 S.W. 162 Ave	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Miramar, FL	
City & State	City & State
Zip 33027 Country	Zip Country

4. FEI Number 20-3860514 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name Edgardo A Villadiego

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

1811 S.W. 162 Ave

City Miramar FL Zip Code 33027

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Edgardo A Villadiego
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P/I
NAME	PARADISE LANDSCAPING
STREET ADDRESS	1811 S.W. 162 Ave
CITY-ST-ZIP	Miramar, FL 33027
TITLE	
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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Edgardo A Villadiego
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #