

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90106 047 ***158.75

DOCUMENT # P00000101871



1. Entity Name
TIM HODGINS LANDSCAPING, INC.

Principal Place of Business
**9339 S.W. 150TH STREET
MIAMI FL 33176**

Mailing Address
**9339 S.W. 150TH STREET
MIAMI FL 33176**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1052278**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HODGINS, TIM
9339 S.W. 150TH STREET
MIAMI FL 33176**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	HODGINS, TIM	
STREET ADDRESS	9339 S.W. 150TH STREET	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	CAMARAZA, JORGE	
STREET ADDRESS	9339 S.W. 150TH STREET	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	COLLAZO, RICARDO	
STREET ADDRESS	9339 S.W. 150TH STREET	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hodgins, Tim	
STREET ADDRESS	9339 S.W. 150TH STREET	
CITY-ST-ZIP	MIAMI, FLA. 33176	
TITLE	VPS/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODRIGUEZ-FIOL, MANUEL	
STREET ADDRESS	9339 SW 150th STREET	
CITY-ST-ZIP	MIAMI, FLA. 33176	
TITLE	VP/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLAZO, RICARDO	
STREET ADDRESS	9339 S.W. 150th STREET	
CITY-ST-ZIP	MIAMI, FLA. 33176	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMARAZA, JORGE	
STREET ADDRESS	9339 SW 150th STREET	
CITY-ST-ZIP	MIAMI, FLA. 33176	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 3, 2003 (305) 253-9900

Date

Daytime Phone #

CR2E034 (10/02)