

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000109087

1. Entity Name

MIRIAM'S LANDSCAPING SERVICES CORP.

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90054 016 ***150.00

Principal Place of Business

Mailing Address

8326 NW 7TH ST #122
MIAMI FL 33126

8326 NW 7TH ST #122
MIAMI FL 33126

2. Principal Place of Business

13690 SW 79ST

3. Mailing Address

13690 SW 79ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number 65-1068899

Applied For
Not Applicable

Zip
33183

Country

Zip
33186

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

MONTOYA, LUIS B
2250 NW 9TH ST
MIAMI FL 33125

Name Manuel Deras

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

13690 SW 79ST

City MIAMI

FL

Zip Code 33183

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 Manuel Deras

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

(NOTE: Registered Agent signature required when reinstating)

02/22/01

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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 President
NAME Manuel Deras
STREET ADDRESS 13690 SW 79ST
CITY-ST-ZIP MIAMI, FL 33183 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Vice-President
NAME Denyse Hidalgo
STREET ADDRESS 13690 SW 79ST
CITY-ST-ZIP MIAMI, FL 33183 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/22/01 786-3672077

Date

Daytime Phone #

CR2E034 (10/00)