

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2002 8:00 am**  
**Secretary of State**

03-20-2002 90016 032 \*\*\*150.00

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<b>DOCUMENT # P01000000079</b> 1. Entity Name <b>DYNASTY MAINTENANCE AND LANDSCAPING, INC.</b>			
Principal Place of Business <b>POST OFFICE BOX 170108</b> <b>HIALEAH FL 33017</b>		Mailing Address <b>C/O J HERNANDEZ</b> <b>1150 NW 72ND AV #307</b> <b>MIAMI FL 33126</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>1150 NW 72ND AV</b> Suite, Apt. #, etc. <b>555</b>	
City & State <b>Miami, FL</b>		4. FEI Number <b>65-1068908</b> <div style="float: right; border: 1px solid black; padding: 2px;">           Applied For            Not Applicable         </div>	
Zip <b>33126</b>	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Name and Address of Current Registered Agent <b>RIVERO, JOSE J ESQ.</b> <b>2625 PONCE DE LEON BOULEVARD</b> <b>SUITE 245</b> <b>CORAL GABLES FL 33134</b>
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GALLE, MARITZA G POST OFFICE BOX 170108 HIALEAH FL 33017	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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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: <i>Maritza G. Galle</i>		Date: <i>2/17/02</i> Daytime Phone #: <i>305-994-1539</i>	



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)