Mar 03, 2003 8:00 am

FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Secretary of State P01000000079 DOCUMENT # 1. Entity Name 03-03-2003 90862 020 ***150.00 DYNASTY MAINTENANCE AND LANDSCAPING, INC. Principal Place of Business Mailing Address POST OFFICE BOX 170108 C/O J HERNANDEZ HIALEAH FL 33017 1150 NW 72ND AVE SUITE 555 MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-1068908 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent-RIVERO, JOSE J ESQ. Street Address (P.O. Box Number is Not Acceptable) 2625 PONCE DE LEON BOULEVARD **SUITE 245** CORAL GABLES FL 33134 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be * After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME :: GALLE, MARITZA G NAME POST OFFICE BOX 170108 STREET ADDRESS: STREET ADDRESS CITY-\$1-ZIP HIALEAH FL 33017 CITY-ST-ZIP TITLE: 29 ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-7IP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

TITLE

NAME

TITLE

NAME

SIGNATURE: V

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

....

TITLE

NAME

NAME

☐ Delete

☐ Delete

☐ Change

☐ Change

☐ Addition

☐ Addition