

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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90066 012 ***150.00

DOCUMENT # P01000050986
1. Entity Name
 FULANI LAWN MAINTENANCE, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5245 N.W. 195 TERR. Suite, Apt. #, etc.
3. Mailing Address 5245 N.W. 195 TERRACE Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State OPA LOCKA, FL
4. FEI Number 65-1108256 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
Zip 33055 **Country** USA

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name CYNTHIA A. PINKNEY
Street Address (P.O. Box Number is Not Acceptable) 5245 N.W. 195 TERRACE
City OPA LOCKA, **FL** **Zip Code** 33055

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

9. This Corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE	PRESIDENT	TITLE	
NAME	BERNARD M. PINKNEY	NAME	
STREET ADDRESS	5245 N.W. 195 TERR.	STREET ADDRESS	
CITY - ST - ZIP	OPA LOCKA, FL 33055	CITY - ST - ZIP	
TITLE	SECRETARY	TITLE	
NAME	CYNTHIA A. PINKNEY	NAME	
STREET ADDRESS	5245 N.W. 195 TERR.	STREET ADDRESS	
CITY - ST - ZIP	OPA LOCKA, FL 33055	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Bernard M. Pinkney **BERNARD M. PINKNEY** (305) 623-5525
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DATE** 26 APRIL, 2002 **Daytime Phone #**

CR2E034B (12/01)