

FILED
Jul 29, 2003 8:00 am
Secretary of State

07-29-2003 90014 015 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000084951

1. Entity Name
GREEN LAWN & LANDSCAPING DESIGN, INC.



00101101

Principal Place of Business

Mailing Address

~~3930 TREE TOPS ROAD~~
~~COOPER CITY, FL 33026~~

~~3930 TREE TOPS ROAD~~
~~COOPER CITY, FL 33026~~

2. Principal Place of Business

3. Mailing Address

3307 NW 108 DR

3307 NW 108 DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2

2

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

Coral Springs, FL

Coral Springs, FL

Zip

Country

Zip

Country

33065 U.S.

33065 U.S.

4. FEI Number

65-1134433

Applied For

Not Applicable

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

MARULANDA, WILLIAM

Name

~~3930 TREE TOPS ROAD~~
~~COOPER CITY, FL 33026~~

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

3307 N.W. 108 DR. #2

City

Coral Springs

FL

Zip Code

33065

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's 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 D ☐ Delete
NAME MARULANDA, WILLIAM
STREET ADDRESS ~~8230A LAGOON PL APT 308~~
CITY-ST-ZIP ~~FORT LAUDERDALE, FL 33324~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3307 N.W. 108 DR. #2
CITY-ST-ZIP Coral Springs, FL 33065

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

William

Marulanda

4.24.03

(954) 445

6167

CR2034 (10/02)