

2002 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91328 013 ***150.00

DOCUMENT # P01000101031

1. Entity Name

NEW HORIZONS LANDSCAPING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1520 S. Dixie Highway

Suite, Apt. #, etc.

Bay #2

3. Mailing Address

1520 S. Dixie Highway

Suite, Apt. #, etc.

Bay #2

City & State

Hollywood, Florida

City & State

Hollywood, Florida

Zip

33020

Country

U.S.

Zip

33020

Country

U.S.

4. FEI Number

65-1147793

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Londono, Nestor

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

1520 S. Dixie Highway

Bay #2

City

Hollywood

FL

Zip Code

33020

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when re-registering)

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

NAME

STREET ADDRESS

CITY- ST- ZIP

Londono, Nestor

1520 S. Dixie Highway, Bay #2

Hollywood, FL 33020

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

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NAME

STREET ADDRESS

CITY- ST- ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #