

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 06, 2003 8:00 am**  
**Secretary of State**

01-06-2003 90029 025 \*\*\*150.00

**DOCUMENT # P02000034259**

1. Entity Name  
**MARANO LANDSCAPING, INC.**



Principal Place of Business  
**7088 SW 185th Way  
SW Ranches, FL 33332**

Mailing Address  
**P.O. BOX 297168  
PEMBROKE PINES FL 33029**

2. Principal Place of Business  
**7088 SW 185th Way**

3. Mailing Address  
**P.O. Box 297168**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**S.W. Ranches, Fl**

City & State  
**Pembroke Pines, Fl**

4. FEI Number  
**90-0023550**

Applied For  
Not Applicable

Zip Country  
**33332 Broward**

Zip Country  
**33029 Broward**

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**

**ROSENTHAL, ALEX P ESQ.  
REIMER & ROSENTHAL LLP  
2115 N COMMERCE PARKWAY  
WESTON FL 33326**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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 \_\_\_\_\_ (NOTE: Registered Agent 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 NAME ☐ Delete  
**President Ann Marano**  
STREET ADDRESS  
CITY-ST-ZIP  
**7088 SW 185 Th Way South West Ranches, Fl 33332**

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
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TITLE NAME ☐ Change ☐ Addition  
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: *Ann Marano*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)