

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY -2 AM 10: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000081805**



1. Entity Name

CHALLENGER LANDSCAPING DESIGN CORP

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

2717 MAITLAN CROSSING Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4207

City & State

City & State

ORLANDO FL

Zip

Country

Zip

Country

32810

ORANGE

4. FEI Number

11-3643485

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Buena, Dario

Name

**2717 MAITLAND Crossing Way
APT. 4207**

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

ORLANDO FL 32810

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: **Dario Buena**

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

(NOTE: Registered Agent signature required when reinstating)

4/29/03

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 Delete
NAME **PD BUENA, DARIO**
STREET ADDRESS **2717 MAITLAND CROSSING Way # 4203**
CITY-ST-ZIP **ORLANDO, FL 32810**

TITLE Change Addition
NAME
STREET ADDRESS **600018838616**
CITY-ST-ZIP **05/13/03--01060--006 **150.00**

TITLE Delete
NAME **DR URIBE, GONZALO**
STREET ADDRESS **2717 MAITLAND CROSSING Way apt 4203**
CITY-ST-ZIP **ORLANDO, FL 32810**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Dario Buena**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/01/02)