FILED
May 16, 2003 8:00 am
Secretary of State
04-17-2003 90169 040 ***150.00

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000084462

1. Entity Name
GROUNDKEEPERS, INC.

[redacted]
55041389

Principal Place of Business	Mailing Address
14033 ALLAMANDA AVE MIAMI LAKES, FL 33014	14033 ALLAMANDA AVE MIAMI LAKES, FL 33014

2. Principal Place of Business	3. Mailing Address
8004 NW 154 St.	8004 NW 154 St.
Suite, Apt. #, etc. Suite # 330	Suite, Apt. #, etc. Suite # 330
City & State Miami Lakes FL	City & State Miami Lakes, Fl.
Zip 33016 Country USA	Zip 33016 Country USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 74-3055634 ☐ 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
VIDAL-TORRE, LINDA 14033 ALLAMANDA AVE MIAMI LAKES, FL 33014	Name: Joseph Hassun Street Address (P.O. Box Number is Not Acceptable): 8004 NW 154 St. suite # 330 City: Miami Lakes FL Zip Code: 33016

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: ☒ Linda Vidal-Torre 4/14/03
(NOTE: Registered Agent's signature required when executing) DATE

FEE NOW: FEE IS $150.00
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 / STREET ADDRESS / CITY-ST-ZIP	DP VIDAL-TORRE, LINDA 14033 ALLAMANDA AVE MIAMI LAKES, FL 33014	☒ Delete	President Joseph Hassun 8004 NW 154 St. Suite # 330 Miami Lakes, FL 33016	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS COSTA, ROBERT 14033 ALLAMANDA AVE MIAMI LAKES, FL 33014	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E013 (10/02)

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: ☒ Linda Vidal-Torre 4/14/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #