

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90186 044 \*\*\*150.00

**DOCUMENT #** P03000079387

**1. Entity Name**

**GREEN LAWN SERVICE & LANDSCAPING, INC.**

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
**1035 SW 87TH AVENUE**

Suite, Apt #, etc

**City & State**  
**MIAMI, FL**

**Zip**  
**33174**

**Country**

**3. Mailing Address**  
**1035 SW 87TH AVENUE**

Suite, Apt. #, etc,

**City & State**  
**MIAMI, FL**

**Zip**  
**33174**

**Country**

**4. FEI Number**  
**77-0605371**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

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**50048407**

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**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**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**DATE**

**FEE IS \$61.25**  
**Initial or Amended UBR**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**Make Check Payable to**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**PSTD**  
**CANDIDA M CONDE**  
**11 SW 113 AVE., #104**  
**MIAMI, FL 33174**

**TITLE**  
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**STREET ADDRESS**  
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IN THIS SPACE**

**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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**  **CANDIDA M CONDE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/27/2005**  
**Date**

**(305) 551-4583**  
**Daytime Phone #**