2006 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P05000134750 1. Entity Name URIVAR LANDSCAPING CORP.



FILED

Apr 12, 2006 8:00 am Secretary of State

04-12-2006 90096 033 ***150.00

40028842

Principal Place of Business

Mailing Address

18230 SW 142ND PLACE

18230 SW 142ND PLACE

MIAMI, FL 3	3177	MIAMI, FL 33177						
2. Principal Place of Business 3.		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		hg-P CR2	E034 (11/05)		
City & State		City & State	City & State		7/10/ -	⊢	plied For	
Zip	Country	Zip	Country	4. FELNumber 55	1786/		t Applicable	
Zip	Codnity	2.10	Country	5. Certificate of State	us Desired 🔲	\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
VARGAS, RAMIRO			Name	Name				
11521 SW	180TH STREET		Street Addr	Street Address (P.O. Box Number is Not Acceptable)				
MIAMI, FL	. 33177							
			City		F	L Zip Cod	8	
	e named entity submits this statement for	or the purpose of changing its	registered office or re-	gistered agent, or both, in th	e State of Florida. I a	ım familiar with,	and accept	
	none of registered agent.							
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable (NOTE	Registered Agent signature re	equired when reinstating)	DAT	Ē		
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.	9. Election Campai Trust Fund Contr		\$5.00 May Be Added to Fees				
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHAN	GES TO OFFICERS A	ND DIRECTOR	S IN 11	
TITLE	Р	☐ Delete	TITLE		•	☐ Change	Addition	
NAME STREET ADDRESS	URIZAR, HUGO E 18230 SW 142ND STREET		NAMÉ STREET ADDRESS				!	
CITY-ST-ZIP	MIAMI, FL 33177		CITY-ST-ZIP					
TITLE	V	☐ Delete	TITLE	·		☐ Change	☐ Addition	
NAME	VARGAS, RAMIRO		NAME					
STREET ADDRESS CITY-ST-ZIP	11521 SW 180TH STREET		STREET ADDRESS CITY+ST-ZIP					
TITLE	MIAMI, FL 33157	□ Delete	TITLE			☐ Change	Addition	
NAME	i	L.J. Detete	NAME			□ cuange	☐ Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME STREET LORDSON	1		NAME STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP					
TITLE	-	Delete	TITLE	****		Change	Addition	
NAME			NAME			-		
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	I		CITY+ST-ZIP					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 attackment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

TITLE NAME

SIGNATURE: S

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Date

Daytime Phone #

☐ Change

Addition