

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90055 048 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000040860**

1. Corporation Name

**SABRA LAWN AND LANDSCAPE SERVICE INCORPORATED**



Principal Place of Business <b>3340A SIMMS-ST HOLLYWOOD FL 33021 US</b>	Mailing Address <b>3340A SIMMS-ST HOLLYWOOD FL 33021 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26 5201 SW 31st AVE.</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27 #209</b>
City & State <b>23</b>	City & State <b>28 FT. LAUD FL</b>
Zip <b>24</b>	Country <b>25</b>
<b>29 33312</b>	<b>30 USA</b>

3. Date Incorporated or Qualified

**06/07/1993**

4. FEI Number

**65-0418806**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**MOR, ARIE  
5800 SOUTH FARRAGUT DRIVE  
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

81 Name

**Arie Mor**

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

**5201 SW 31st AVE. #209**

83

**FT. LAUD.**

84 City

**FL**

85 Zip Code

**33312**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>PD MOR, ARIE</b>
STREET ADDRESS	<b>3340A SIMMS ST</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VD MOR, RANDY</b>
STREET ADDRESS	<b>3340A SIMMS ST</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Arie Mor</b>
1.3 STREET ADDRESS	<b>PD. 5201 S.W. 31ST AVE. #209</b>
1.4 CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33312</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Randy Mor</b>
2.3 STREET ADDRESS	<b>VD LANDSCAPE SERVICE</b>
2.4 CITY-ST-ZIP	<b>5201 S.W. 31ST AVE. #209</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)