FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State
03-13-2002 90106 037 ***150.00

DOCUMENT # P93000046547

1. Entity Name
TREE OF LIFE LANDSCAPING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4153 160 AVE. SOUTH	4153 160 AVE. SOUTH
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WELLINGTON, FL	City & State: WELLINGTON, FL
Zip: 33414 Country: USA	Zip: 33414 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0425379 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: McCARTHY, MICHAEL A.

Street Address (P.O. Box Number is Not Acceptable): 4153 160 AVE. SOUTH

City: WELLINGTON **FL** Zip Code: 33414

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P/S/T	TITLE	
NAME	McCARTHY, MICHAEL A.	NAME	
STREET ADDRESS	4153 160 AVE. SOUTH	STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON, FL 33414	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	DIAZ, FRANCISCO	NAME	
STREET ADDRESS	510 SE 12 COURT	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	OCHOA, MARVIN	NAME	
STREET ADDRESS	510 SE 12 COURT	STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316	CITY-ST-ZIP	
TITLE		TITLE	IN THIS SPACE
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael A. McCarthy 2-16-02 (561) 795-7944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #