FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 29, 2001 8:00 am DOCUMENT # P9400003328 Secretary of State H. FRANCO LANDSCAPING & LAWN SERVICE, INC. 03-29-2001 90366 001 ***150.00 Principal Place of Business Mailing Address 4331 N.W. 167TH TERRACE 1171 N 66TH TER MIAMI FL 33055 HOLLYWOOD FL 33024 2. Principal Place of Business 3. Mailing Address Same Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0459598 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent enry ranco FRANCO, HENRY (P.O. Box Number is Not Acceptable) 4331 N.W. 167TH TERRACE MIAMI FL 33055 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 priv name of logistared agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 CR2E034 (10/00) TITLE ☐ Delete TITLE ☐ Addition FRANCO, HENRY NAME NAME STREET ADDRESS STREET ADDRESS 1171 N 66TH TER CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33024 TITLE ☐ Delete TITLE ☐ Change NAME FRANCO, ENRIQUE NAME STREET ADDRESS STREET ADDRESS 4320 N.W. 169TH TERRACE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33055 TITLE - Delete TITLE ---- Change --- Addition FRANCO, JENNIFER NAME NAME STREET ADORESS STREET ADDRESS 1171 N 66TH TR CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33024-5727 TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME FRANCO, NIRIA NAME STREET ADDRESS 4320 N.W. 169TH TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP **MIAMI FL 33055** TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 CITY-ST-ZIP 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR