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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400013024

1. Corporation Name

MUNICO ORTEGA LAWN & LA	ANDSCAPING SERVICE, INC.			
Principal Place of Business	Mailing Address		•	
1520 N.E. 25TH CT.	1520 N.E., 25TH CT.			<b>'</b>
POMPANO BEACH FL 33064	POMPANO SEACH FL 33064			DO NOT WRIT
				Date Incorporated or Qualifed
				1
	1 A 64-11- A 44			02/16/1994 4. FEI Number
2. Principal Place of Business	2a. Mailing Address			
21 1524 NE 28	- / 20 / / //		857	65-0468215
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired
City & State	City & State		_	6. Election Campaign Financing
23 Pontano Scaul	4 FUZE COMPANO BO	SA	CH, FL	Trust Fund Contribution
Zip Country 24 3 36 4 25 U.S	21p 5 50 6 4 30 CC	ountry <b>C</b>	159	This corporation owes the curre     Personal Property Tax.
	f Current Registered Agent	$\top$		10. Name and Address of New R
		81	Name	nonice or
ORTEGA, MONICO		82		ess (P.O. Box Number is Not Accepta
1520 NE 25TH COURT	•	<u> </u>	15	24 NE IB.
POMPANO BEACH FL 33064		83		
No. of the second		84	City	MANO BEAL
11. Pursuant to the provisions of Sections of Office or registered agent, or both, in the agent. I am familiar with, and accept the SIGNATURE	607.0502 and 607.1508. Florida Statutes, the state of Florida. Such change was authorize the obligations of Saction 607.0505, Florida Statutes.	ed by atutes	-named corporation	n's board of directors. I nereby accep

Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90002 015 \*\*\*150.00

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•				3. Date Incorpor		IN THIS SEACE	
		Lo- Mailing Address		02/16/199 4. FEI Number	<del>)</del>	T An	plied For
	lace of Business	2a. Mailing Address	2857		E	— — — ·	t Applicable
21 / 2 2 Suite, Apt.	4 NE ZVST	26 /529 NC Suite, Apt. #, etc.	2937	65-046821	<u> </u>	_ \$8.75 A	
<del></del> , '', '	#, etc.	Suite, Apr. #, etc.		5. Certificate of S	Status Desired [	Fee Re	
City & State	<u> </u>	City & State	· · · · · · · · · · · · · · · · · · ·	6. Election Cam	naion Einancing	\$5.00	
— <i>1</i>			EACH, F	Trust Fund Co		Added t	-
23 / On/	Country	Zip ()	Country		on owes the current		
_ 、、		29 55064 30	42	Personal Proj		Yes	I No
<u> </u>	9. Name and Address of Current	[29]		<u></u>	ddress of New Reg	istered Agent	
	5. Hame and Address of Content	itegistorea Agent	81 Name				
ORTI	EGA, MONICO			MONICE	017	E6A	
	NE 25TH COURT			Address (P.O. Box Numb	er is Not Acceptable	· <del></del>	
	PANO BEACH FL 33064	•	83	SPI NE	<u> </u>		
	×			· _	s <u></u>		
•	Super- Control of the		84 City	10	Roman	85 Zip	Sode / 2/
	to the provisions of Sections 607.0502	- 1 007 4500 Florida Statutas 6		om/Ano:	statement for the nu	rnose of changing its	registered
· 'office or n	egistered Agent, or both, in the State of	i Florida. Such change was autho	rized by the corpo	ration's board of director	s. I hereby accept the	ne appointment as re	gistered
agent. I a	m familiar with, and accept the obligation	ons of Section 607.0505, Florida	Statutes.				Ļ
SIGNATURE	- Meoure Dill	ego		- ind the releasestant		1-12-97 DATE	\ <u></u>
	Signature, typed or printed name of registered agent a OFFICERS AND		stered Agent signature re 13.			ERS AND DIBECTO	RS IN 12
12.	PD OFFICERS AND		1.1 TITLE	PA		Change	Addition
i			1.2 NAME	1 221160	ONTEGA	7	
NAME	ORTEGA, MONICO		1.3 STREET ADDRESS	1524	NE 20	8 STAC	87
STREET ADDRESS	1520 N.E. 257H CT.	1		0 - 0 4	a Ros	2.4 El	35064
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CITY-ST-ZIP			6.4 CITY+ST+ZIP				

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:

Daytime Phone #