

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

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90002 015 ***150.00

DOCUMENT # P94000013024

1. Corporation Name

MONICO ORTEGA LAWN & LANDSCAPING SERVICE, INC.



Principal Place of Business

1520 N.E. 25TH CT.
POMPANO BEACH FL 33064

Mailing Address

1520 N.E. 25TH CT.
POMPANO BEACH FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/16/1994

4. FEI Number

65-0468215

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

7. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1524 NE 28 ST

Suite, Apt. #, etc.

City & State

23 Pompano Beach, FL

Zip

24 33064

Country

25 USA

2a. Mailing Address

26 1524 NE 28 ST

Suite, Apt. #, etc.

City & State

28 Pompano Beach, FL

Zip

29 33064

Country

30 USA

9. Name and Address of Current Registered Agent

ORTEGA, MONICO
1520 NE 25TH COURT
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

81 Name

MONICO ORTEGA

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

1524 NE 28 ST

83

84 City

Pompano Beach, FL

85 Zip Code

33064

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

Monico Ortega

(NOTE: Registered Agent signature required when reinstating)

DATE

1-12-99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME ORTEGA, MONICO
STREET ADDRESS 1520 N.E. 25TH CT.
CITY-ST-ZIP POMPAO BEACH FL 33064

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PO ☒ Change ☐ Addition
1.2 NAME MONICO ORTEGA
1.3 STREET ADDRESS 1524 NE 28 STREET
1.4 CITY-ST-ZIP POMPAO BEACH FL 33064

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Monico Ortega
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-12-99

Daytime Phone #

CR2E034 (11/98)

0174779