

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000038505**

1. Entity Name

**WAL TREE & LANDSCAPING, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**15611 SW 100 TERR**

3. Mailing Address

**15611 SW 100 TERR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Miami, FL**

City & State

**Miami, FL**

Zip

**33196**

Country **USA**

~~DATE~~

Zip

**33196**

Country **USA**

~~DATE~~

4. FEI Number

**65-0492044**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**William Lozano**

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

**15611 SW 100 TERR**

City

**Miami**

**FL**

Zip Code

**33196**

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

**William Lozano**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**10/30/02**

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	<b>Pres.</b>
NAME	<b>William F. Lozano</b>
STREET ADDRESS	<b>15611 SW 100 TERR</b>
CITY-ST-ZIP	<b>Miami, FL 33196</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/17/02 305-388-7462**

Date

Daytime Phone #

CR2E034B (12/01)

**WAL Tree & Landscaping, Inc.**

15611 SW 100<sup>th</sup> Terrace  
Miami, FL 33196

**William Lozano**  
President

Office: (305) 388-7462

September 17, 2002

Uniform Business Report  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

RE: Fed ID# 65-0492044  
Document # P94000038505

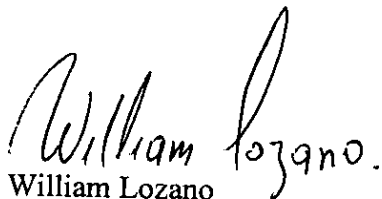
To Whom It May Concern:

Kindly be advised that I sent a check in the amount of \$150.00 dollars on July 20<sup>th</sup> along with a letter of explanation stating that I had not received my annual report form and therefore I had forgotten to make payment. Please now note that I have not heard anything from your office and the check has not cleared. I will assume at this point that it got lost and I am enclosing another check in the amount of \$150.00 dollars along with a signed UBR form.

My address as shown on my letterhead is correct. I hope that you can somehow follow-up with me and let me know what the status of my corporation is. I will also follow-up with this correspondence.

Thank you in advance for your understanding.

Sincerely,

  
William Lozano

RECEIVED  
SEP 18 2002  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32302-1500