

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000011145

1. Entity Name

LA ROCCA LANDSCAPING, INC.

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90293 010 \*\*\*150.00

Principal Place of Business

~~360 GRECO AVENUE~~  
~~SUITE 209~~  
~~CORAL GABLES FL 33146~~

Mailing Address

360 GRECO AVENUE  
SUITE 209  
CORAL GABLES FL 33146

2. Principal Place of Business

10755 SW 190TH ST.

Suite, Apt. #, etc.

67

3. Mailing Address

10755 SW 190TH ST.

Suite, Apt. #, etc.

67

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33157

Country

USA

Zip

33157

Country

USA

4. FEI Number

65-0554077

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LA ROCCA, ELIZABETH  
80 SW 8TH STREET  
S-2042  
MIAMI FL 33130

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

BTD  
LA ROCCA, CORRADO  
7715 S.W. 86TH ST. APT. A-2-306  
MIAMI FL 33143

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SV  
LA ROCCA, ELIZABETH  
7715 S.W. 86TH ST. APT. A-2-306  
MIAMI FL 33143

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

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 a address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)