

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000020210

1. Entity Name

ISRAEL GARDEN LANDSCAPING & LAWN SERVICES, INC.

Principal Place of Business

20521 SW 54 PLACE  
PEMBROKE PINES FL 33332

Mailing Address

20521 SW 54 PLACE  
PEMBROKE PINES FL 33332

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CAMACHO, HILDA  
20521 SW 54 PLACE  
PEMBROKE PINES FL 33332

7. Name and Address of New Registered Agent

Name **ISRAEL CAMACHO**

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

**20521 SW 54th PLACE**

City **PEMBROKE PINES**

**FL**

Zip Code **33332**

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 **P** ☐ Delete  
NAME **CAMACHO, ISRAEL**  
STREET ADDRESS **20521 SW 54 PLACE**  
CITY-ST-ZIP **PEMBROKE PINES FL 33332**

TITLE **VP** ☒ Delete  
NAME **CAMACHO, HILDA**  
STREET ADDRESS **20521 SW 54 PLACE**  
CITY-ST-ZIP **PEMBROKE PINES FL 33332**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90009 044 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

0275409

CR2E034 (10/00)