

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90403 043 ***158.75

DOCUMENT # P96000010607

1. Entity Name
LANDSCAPING DESIGN, INC.

Principal Place of Business **Mailing Address**
1811 SW 129 TERRACE **1811 SW 129 TERRACE**
MIRAMAR FL 33027 **MIRAMAR FL 33027**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. # etc.
 City & State City & State
 Zip Country Zip Country

12333 NW 18th Ct
Suite 3B
Pembroke Pines FL
33026 USA

4. FEI Number **65-0643057** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VILLANUEVA, IRENE
1811 SW 129 TERRACE
MIRAMAR FL 33027

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 _____ (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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|-----------------|--|
| TITLE | D <input type="checkbox"/> Delete |
| NAME | VILLANUEVA, CARLOS E |
| STREET ADDRESS | 1811 SW 129 TERRACE |
| CITY - ST - ZIP | MIRAMAR FL 33027 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | VILLANUEVA, IRENE |
| STREET ADDRESS | 1811 SW 129 TERRACE |
| CITY - ST - ZIP | MIRAMAR FL 33027 |
| TITLE | <input type="checkbox"/> Delete |
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| 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 a power like empowered.

SIGNATURE: *Irene Villanueva* **Irene Villanueva** **4/25/02 944 09306**
 _____ **4/25/02** **944 09306**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

1180370 AV

CR2E034 (9/01)