2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2001 8:00 am
Secretary of State
05-22-2001 90028 040 ***150.00

DOCUMENT # P96000027292

1. Entity Name
COMMERCIAL LANDSCAPE MANAGEMENT INC.

Principal Place of Business
1211 ALGERIA AVE
CORAL GABLES FL 33134
US

Mailing Address
Santiago Casamayor
PO Box 667598
Miami FL 33166-9402

2. Principal Place of Business
Santiago Casamayor
PO Box 667598
Miami FL 33166-9402

3. Mailing Address
Ste, Apt. #, etc.
City & State
Zip | Country | Zip | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0654403 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CASAMAYOR, SANTIAGO
Santiago Casamayor
PO Box 667598
Miami FL 33166-9402

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Santiago Casamayor
2419 Red Road
City Coral Gables FL Zip Code 33155

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CASAMAYOR, SANTIAGO 9958 N.W. 29 STREET MIAMI FL 33172	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CASAMAYOR, NADIA 1211 ALGERIA AVENUE MIAMI FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CASAMAYOR, SANTIAGO 1211 ALGERIA AVE MIAMI FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: S. Casamayor S. Casamayor 4/26/01 305 893 3351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #