

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90236 030 ***158.75

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DOCUMENT # P96000027292

1. Entity Name

COMMERCIAL LANDSCAPE MANAGEMENT INC.



Principal Place of Business

PO BOX 667598
MIAMI FL 33166-9402
US

Mailing Address

PO BOX 667598
MIAMI FL 33166-9402
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0654403

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASAMAYOR, SANTIAGO



Santiago Casamayor
P.O. Box 667598
Miami, FL 33166

Name

Casamayor Santiago

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

9817 N.W. 29 S.T.

City

Miami

FL

Zip Code

33172

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **CASAMAYOR, SANTIAGO**
CITY-ST-ZIP **9958 N.W. 29 STREET**
MIAMI FL 33172

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

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **CASAMAYOR, NADIA**
CITY-ST-ZIP **1211 ALGERIA AVENUE**
MIAMI FL 33134

TITLE ☒ Change ☐ Addition
NAME **S**
STREET ADDRESS **Casamayor Nadia**
CITY-ST-ZIP **9817 N.W. 29 S.T.**
Miami, FL 33172

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **CASAMAYOR, SANTIAGO**
CITY-ST-ZIP **1211 ALGERIA AVE**
MIAMI FL 33134

TITLE ☒ Change ☐ Addition
NAME **P**
STREET ADDRESS **Casamayor, Santiago**
CITY-ST-ZIP **9817 N.W. 29 S.T.**
Miami, FL 33172

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

S. Casamayor

President

4.10.03

305 883 3351

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)