FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91844 038 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

70051261

DOCUMENT # P96000059472

1. Entity Name
KEMP LANDSCAPING, PROPERTY MANAGEMENT & MAINTENANCE SERVICES INC.

Principal Place of Business	Mailing Address
5903 SW 21 STREET HOLLYWOOD, FL 33026	PO BOX 470423 MIRAMAR, FL 33023

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1031 Ives Dairy Rd	PO Box 470423
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State: Miami FL
Zip: 33179 Country	Zip: 33247 Country

4. FEI Number: 65-0689336 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
FAALS, JOE
5903 SW 21 ST
HOLLYWOOD, FL 33023

7. Name and Address of New Registered Agent
Name: Joe Faluade
Street Address (P.O. Box Number is Not Acceptable): 1031 Ives Dairy Rd
City: Miami FL Zip Code: 33179

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: Joseph Faluade. Joe Faluade
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FAALS, JOE 5903 SW 21 STREET HOLLYWOOD, FL 33023	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Faluade, Joe 1031 Ives Dairy Rd Miami FL 33179	☐ Change ☑ Addition
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CR2E034 (10/02)

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: Joseph Faluade. Joe Faluade
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #