

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90031 023 \*\*\*150.00

<b>DOCUMENT #</b> <u>P96000090453</u>			
<b>1. Entity Name</b> <u>Buena Vista Landscaping, Inc.</u>			
<b>Principal Place of Business</b>		<b>Mailing Address</b>	
<u>3701 Pine tree Drive</u>		<u>3701 Pine tree Drive</u>	
<u>miami Beach, FL 33140</u>		<u>3701 Pine tree Drive</u>	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
<b>Suite, Apt. #, etc.</b>		<b>Suite, Apt. #, etc.</b>	
		<u>3701 Pine tree Drive</u>	
<b>City &amp; State</b>		<b>City &amp; State</b>	
<u>miami Beach, FL</u>		<u>miami Beach, FL</u>	
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>
<u>33140</u>		<u>33140</u>	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<u>Cyril P. Taieb</u>		<b>Name</b>	
<u>3701 Pine tree Drive</u>		<b>Street Address (P.O. Box Number is Not Acceptable)</b>	
<u>m.B. FL 33140</u>			
		<b>City</b> <u>FL</u> <b>Zip Code</b>	
<b>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.</b>			
<b>SIGNATURE</b> _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering))</small> <b>DATE</b> _____			
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)</b> <input type="checkbox"/>		<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> <u>President</u>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> <u>Cyril Taieb</u>		<b>NAME</b>	
<b>STREET ADDRESS</b> <u>3701 Pine tree Drive</u>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> <u>miami Beach, FL 33140</u>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>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.</b>			
<b>SIGNATURE:</b> <u>Cyril Taieb</u>		<u>4/27/01</u> <u>305-986-8601</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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DO NOT WRITE IN THIS SPACE

CR2E034 (1/00)