## **FILED** May 05, 2003 8:00 am § Secretary of State 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR P96000090453 DOCUMENT # 05-05-2003 91152 027 \*\*\*150.00 BUENA VISTA LANDSCAPING, INC. Principal Place of Business Mailing Address 3701 PINE TREE DRIVE 3701 PINE TREE DRIVE MIAMI BEACH FL 33140-1549 MIAMI BEACH FL 33140-1549 US 2. Principal Place of Business 3. Mailing Address 418 Euclid 418 E Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES 36 Applied For City & State City & State 4. FEI Number 65-0706869 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent TAIEB, CYRILLE 3701 PINE TREE DRIVE MIAMI BEACH FL 33140 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or p d name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) v FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. TITLE TITLE ☐ Addition ☐ Delete CYRILLE, TAIEB NAME NAME 3701 PINE TREE DRIVE STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33140 CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE \_ ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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

CITY-ST-ZIP

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STREET ADDRESS

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