2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P97000035420 May 30, 2000 8:00 am Secretary of State 1. Entity Name EMILY'S LANDSCAPING: CORPORATION 05-30-2000 90066 031 ***550.00 Mailing Address Principal Place of Business 15620 SW 80 ST., #101 15620 SW 80 ST., #101 MIAMI FL 33193 MIAMI FL 33193-2657 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0766987 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **ELIZABETH HERNANDEZ** Street Address (P.O. Box Number is Not Acceptable) 15620 SW 80 ST., #101 **MIAMI FL 33193** 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9: This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ODITIONS CHANGES TO OFFICERS AND DIRECTOR 12. 11. ☐ Addition TITLE JITLE, NAME! A. HÊRNANDEZ, ELIZABETH NAME 15620 SW 80 ST., #101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33193 📑 🕖 CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE Delete HERNANDEZ, CELESTINO NAME 15620 SW 80 ST., #101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33193** Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS TREET ADDRES CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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