2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000064748

SIGNATURE: X

1. Entity Name SUPER LANDSCAPE & MAINTENANCE, INC.



FILED Apr 11, 2003 8:00 am Secretary of State

04-11-2003 90150 024 ***158.75

(305) 887-9077

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Principal Place of Busine 1200 RAVEN AVE. MIAMI SPRINGS FL 33166		Mailing Address 1200 RAVEN AVE. MIAMI SPRINGS FL 33166	3	<u> </u>		T MENUETI SIO IDILI IDEKI DEKIL BAKKI ODUK DEKID DILIK BISK KREK DILAK LIBU KASA	
2. Principal Place of Bus	iness	3. Mailing Address					
Suite, Apt. #, etc. Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES		
City & State	*.*	City & State				4. FEI Number 65-0772383 Applied For Not Applicable	
Zip	Country	Zip	Zip Country			5. Certificate of Status Desired	
6. Nam	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
				Name			
HERVIS, JUAN CARLOS 1200 RAVEN AVE.			Street Address (P.O. Box Number is Not Acceptable)				
MIAMI SPRINGS FL	33166						
				City		FL 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							
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 \$5.00 May Be Trust Fund Contribution. Added to Fees							
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D		□ Delete	TITLE	F	F	nesioent Change Addition	
NAME HERVIS.	JUAN CARLOS		NAMI	E [HEI	RVIS JUAN CONLS	
STREET ADDRESS 1200 RAV			STRE	ET ADDRESS	12	RVIS, JUAN CONGS 200 NAVEN AUE	
CITY-ST-ZIP MIAMI SP	RINGS FL 33166		CITY-	-ST-ZIP	M	MIAM' SPANGS FL 33166	
TITLE D		□ Delete	TITLE			VICE PRESIDENT Defiange Addition	
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STREET ADDRESS 1200 RAV			STRE	ET ADDRESS		DO RAVEN AVE	
CITY-ST-ZIP MIAMI SP	RINGS FL 33166		CITY	-ST-ZIP		MIDNI SPRINGS PC 33166	
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STREET ADDRESS			STREE	ET ADDRESS			
CITY-ST-ZIP			CITY-	-ST-ZIP			
12. I hereby certify that th	ne information supplied with	this filing does not qualify fo	r the exer	mption stated	d in Sec	ction 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR