2001 UNIFORM BUSINESS REPORT (UBR)

May 04, 2001 8:00 am Secretary of State DOCUMENT # P9700065305 BONANZA LAWN SERVICE INC. 05-04-2001 90095 047 ***150.00 Mailing Address Principal Place of Business 20231 S.W. 112 PL. 20231 S.W. 112 PL. MIAMI FL 33189 MIAM! FL 33189 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0772439 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RODRIGUEZ, ARTURO Street Address (P.O. Box Number is Not Acceptable) 20231 S.W. 112 PL. **MIAMI FL 33189** Zin Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME RODRIGUEZ, ARTURO NAME STREET ADDRESS 20231 S.W. 112 PL. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33189 Change ☐ Addition secretary ☐ Delete TITLE TITLE RODE GUEL, DAVI DAVIO RODRIGUEZ, DAVID NAME NAME STREET ADDRESS 20231 S.W. 112 PL. STREET ADDRESS Smi Ami FI CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33189** VICE PRESIDENT Addition **X** Change Change ☐ Delete ROSTIGUEZ, MIBUEL NAME 10330 puento Rico Drive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 rustee 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.

CITY-ST-ZIP

Prosident