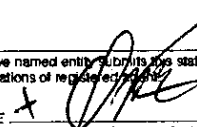
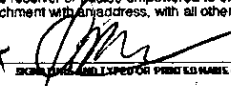


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91160 010 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000018763			
1. Entity Name LANDY LAND SURVEYORS, INC.			
Principal Place of Business 41 TAMiami CANAL ROAD MIAMI, FL 33144		Mailing Address 41 TAMiami CANAL ROAD MIAMI, FL 33144	
2. Principal Place of Business 10551 SW 7th Terr. Suite, Apt. #, etc.		3. Mailing Address 10551 SW 7th Terr. Suite, Apt. #, etc.	
City & State Miami Florida Zip 33174 Country USA		City & State Miami Florida Zip 33174 Country USA	
4. FEI Number 65-0838082		Applied For Not Applicable	
5. Certificate of Status Desired ☐		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERNANDEZ, LAZARO O 10661 SW 7TH TERR. MIAMI, FL 33174		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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  Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)		DATE	
FILE NOW WITH FEE OF \$100.00 After May 1, 2003, Fee will be \$500.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, LAZARO O 10661 SW 7TH TERR. MIAMI, FL 33174 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. 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 10 or Block 11 if changed, or on an attachment with any address, with all other like empowered.			
SIGNATURE:  Typed, printed, and signed name of signing officer or director		Date Daytime Phone #	

90130091



☐ CHECK HERE IF MAKING CHANGES

CRZE034 (10/02)