2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 03, 2001 8:00 am Secretary of State **DOCUMENT # P98000025484** DESIGN LANDSCAPE ASSOCIATES, INC. 05-03-2001 90097 012 ***150.00 Principal Place of Business Mailing Address 2450 SOUTHWEST 137TH AVENUE SUITE 221 2450 SOUTHWEST 137TH AVENUE SUITE 221 MIAMI FL 33175 MIAMI FL 33175 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0838642 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ---6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PALOMO, MARTIN Street Address (P.O. Box Number is Not Acceptable) 1020 MERIDIAN AVENUE APT NO. 505 MIAMI BEACH FL 33139-8330 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. CR2E034 (10/00) DPST ☐ Change ☐ Addition TITLE ☐ Delete TITLE PALOMO, MARTIN NAME NAME STREET ADDRESS 1020 MERIDIAN AVE APT NO. 505 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139-8330 ☐ Addition TITLE ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP Change __ Addition TITLE ☐ Defete TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET AD⊋RESS 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

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #

Law Office MARCIA B. CABALLERO **Professional Association**

2450 Southwest 137th Avenue Suite 221

Miami, Florida

33175

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April 26, 2001 **Thursday**

Annual Report Filings Division of Corporations **Annual Reports** Post Office Box 1500 Tallahassee, Florida 32302-1500

RE:

DESIGN LANDSCAPE ASSOCIATES, INC.

Document Number P98000025484

Gentlemen:

Please find enclosed the Corporate Annual Report for the above-described corporation together with check in the sum of \$150.00 to cover your filing fee.

Sincerely,

Ari-Ouilez Secretary for MARCIA B. CABALLERO, ESQ.

Enclosures