## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 24, 2002 8:00 am Secretary of State P98000031333 DOCUMENT # 1. Entity Name SUNSHINE PALM LAWN & LANDSCAPE SERVICES CORPORAT 04-24-2002 90301 036 \*\*\*150.00 ION Principal Place of Business Mailing Address 3710 S.W. 92 AVENUE 3710 S.W. 92 AVENUE MIAMI FL 33165 MIAMI FL 33165 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0830916 Not Applicable Zip \_ Country \$8.75 Additional 5.-Certificate of Status Desired - -Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NINOU, JOSE JR Street Address (P.O. Box Number is Not Acceptable) 3710 S.W. 92 AVENUE **MIAMI FL 33165** Zip 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 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 Tax filing requirement and elects to do so. After May 1, 2002 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 11. OFFICERS AND DIRECTORS CR2E034 (9/01) TITI F Change Delete TITLE NINOU, JOSE JR NAME NAME 3710 S.W. 92 AVENUE STREET ADDRESS STREET ADDRESS MIAMI FL 33165 CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change TITI F Delete TITLE DOMINGUEZ, MERCEDES NAME NAME STREET ADDRESS 14450 S.W. 137 COURT STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33165** CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NINOU, JOSE SR NAME NAME 3710 S.W. 92 AVENUE STREET ADDRESS STREET ADDRESS MIAMI FL 33165 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/2002

305 221-19/4

Daytime Phone #

**FILED**