

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000037888

1. Entity Name
LANDESCAPES, INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90264 020 ***158.75

B0035531



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2206 SW 122ND AVE MIAMI FL 33175	Mailing Address 113 ORANGE ISLE FT LAUDERDALE FL 33315
--	--

2. Principal Place of Business 4935 SW 35 TER	3. Mailing Address 4935 SW 35 TER
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State FT LAUDERDALE FL	City & State FT LAUDERDALE FL
Zip 33312	Country USA
Zip 33312	Country USA

4. FEI Number 65-0867397	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ALMENDARES, DIANELIS 113 ORANGE ISLE FT LAUDERDALE FL 33315
--

7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 4943 SW 35 TERRACE City HOLLYWOOD FL Zip Code 33312

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 *Danielis Almendares*

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 Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STP ALMENDARES, DIANELIS 1113 ORANGE ISLE FT LAUDERDALE FL 33315- <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME same 4935 SW 35 TER FT LMD FL 33312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Danielis Almendares*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-01

Date

954 322 6818

Daytime Phone #

CR2E034 (10/00)