

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000058246**

1. Entity Name

A.B. LANDSCAPING, INC.

Principal Place of Business

**11554 N.W. 88 AVE
HIALEAH GARDENS FL 33018**

Mailing Address

**11554 N.W. 88 AVE
HIALEAH GARDENS FL 33018**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BORGES, ALINA
11554 N.W. 88 AVE
HIALEAH GARDENS FL 33018**

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.

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
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	<input type="checkbox"/> Delete
PD	BORGES, ALINA	11554 N.W. 88 AVE	HIALEAH GARDENS FL 33018	<input type="checkbox"/>
SD	BORGES, JORGE A	11554 N.W. 88 AVE	HIALEAH GARDENS FL 33018	<input type="checkbox"/>
DVP	TAPANES, ARMANDO JR.	11504 NW 88 AVE.	HIALEAH GARDENS FL 33018	<input type="checkbox"/>
DT	ALVAREZ, RAFAEL	19160 NW 77 CT	MIAMI FL 33015	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**A. BORGES
PRESIDENT**

Date

Daytime Phone #

**FILED
Jan 26, 2001 8:00 am
Secretary of State**

01-26-2001 90160 034 ***150.00

905517

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0851150**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

CR2E034 (10/00)