

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000059153**

1. Entity Name

**VALERIANO GARDENING SERVICES, INC.****FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90086 008 \*\*\*150.00

Principal Place of Business

**407 LINCOLN ROAD STE 5-B**  
**MIAMI BEACH FL 33139**

Mailing Address

**407 LINCOLN ROAD STE 5-B**  
**MIAMI BEACH FL 33139**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **65-0848025**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRITO, LUIS G.****407 LINCOLN ROAD STE 5-B**  
**MIAMI BEACH FL 33139**

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>PD</b>	<b>VALERIANO, BLAS</b>	<b>407 LINCOLN ROAD STE 5-B</b> <b>MIAMI BEACH FL 33139</b>	<input type="checkbox"/> Delete			
	<b>SD</b>	<b>MARTINEZ, DELSO</b>	<b>407 LINCOLN ROAD STE 5-B</b> <b>MIAMI BEACH FL 33139</b>	<input checked="" type="checkbox"/> Delete			
	<b>VTD</b>	<b>VOLLSFO, ZOILA</b>	<b>407 LINCOLN ROAD STE 5-B</b> <b>MIAMI BEACH FL 33139</b>	<input type="checkbox"/> Delete			
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/29/2001****305-6434966**

CR2E034 (10/00)