FILED 2001 UNIFORM BUSINESS REPORT (UBR) Feb 28, 2001 8:00 am Secretary of State DOCUMENT # P98000059153 VALERIANO GARDENING SERVICES, INC. 02-28-2001 90086 008 ***150.00 Principal Place of Business Mailing Address 407 LINCOLN ROAD STE 5-B 407 LINCOLN ROAD STE 5-8 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0848025 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 BRITO, LUIS G Street Address (P.O. Box Number is Not Acceptable) 407 LINCOLN ROAD STE 5-B MIAMI BEACH FL 33139 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 П 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 11. --- Defete CR2E034 (10/00) TITLE TITLE Change ☐ Addition VALERIANO, BLAS NAME NAME 407 LINCOLN ROAD STE 5-B STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP MIAMI BEACH FL 33139 TIT! F Delete TITLE ☐ Change Ti Addition MARTIFIEZ DECSO 407 ENCOLAROAD STE 5-B MIAMI BEACH N. 38139 NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-782 TITLE ☐ Change Addition ☐ Delete TITLE vollsfo. Zoila NAME NAME Zoila Collado 407 LINCOLN ROAD STE 5-B STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33139 CITY-ST-ZIP CITY-ST-ZIF Delete TITLE ☐ Change []] Addition NAME NAME STREET ADDRESS -STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TATLE 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: TYPED OR PRINTED NAME OF SIGNING OFFICER OR PIRECTOR