2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P98000085842

1. Entity Name

DOCUMENT #

DEPENDABLE LANDSCAPING CORP.



May 07, 2003 8:00 am \$ Secretary of State

05-07-2003 90155 033 ***150.00

			COD WE			
Principal Place of Business 11741 SOUTHWEST 26TH TERRACE MIAMI FL 33175		Mailing Address 11741 SOUTHWEST 26TH TERRACE MIAMI FL 33175				
2. Principal Place of Business		3. Mailing Address			OC 1919) SITU) IBIII BINCO MAI 1001	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKII	☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 65-0867926	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 Registere	d Agent	
المرابع				Name		
ROMERO,			Street Ad	dress (P.O. Box Number is Not Acceptable)	(P.O. Box Number is Not Acceptable)	
11741 SW	/ 26 TERRACE			· · · · · · · · · · · · · · · · · · ·		
MIAMI FL	33175					
			City	F	Zip Code	
	named entity submits this statement folions of registered agent.	r the purpose of chang	ing its registered office or	registered agent, or both, in the State of Florida. I are	m familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registered Agent signatur	e required when reinstating) DATE	<u> </u>	
F	ILE NOW!!! FEE IS \$150.00				25.00	
After May 1, 2003 Fee will be \$550.00				S. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
Make Check	Repartment of Payable to Florida Department of	State		must fully continuation.	Added to Fees	
10.	OFFICERS AND DIRECTORS 11.		11.	ADDITIONS/CHANGES TO OFFICERS A	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	☐ Delete	TITLE	PD	☐ Change ☐ Addition	
NAME	ROMERO, JAVIER		NAME	ROMEROJAVIER 11741 Swillware		
STREET ADDRESS	11741 SW 26 TERRACE		STREET ADDRESS	11741 5w 26 June		
BUDY OF THE	1 B 01 B B 01 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1		0177 OT 710	" No. 20 10 10 10 10 10 10 10		

CITY-ST-ZIP MIAMI FL 33175 Miken K 331X ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE Delete NAME = NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP Defete TITLE Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: