

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90030 029 \*\*\*158.75

658322

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** P98000099310.

1. Entity Name  
 Landings Nursery & Landscaping, Inc.

Principal Place of Business  
 17795 SW 158 Street  
 Miami, FL 33187

Mailing Address  
 17795 SW 158 Street  
 Miami, FL 33187

2. Principal Place of Business  
 17795 SW 158 Street  
 Suite, Apt. #, etc.

3. Mailing Address  
 17795 SW 158 Street  
 Suite, Apt. #, etc.

City & State  
 Miami, FL

City & State  
 Miami, FL

Zip  
 33187

Country  
 Miami-Dade

Zip  
 33187

Country  
 Miami-Dade

4. FEI Number  
 65-0889650

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 Richard Wasserstein  
 913 Normandy Drive,  
 Miami Beach, FL 33141

7. Name and Address of New Registered Agent  
 Name  
 Gabriel de los Reyes, Sr.  
 Street Address (P.O. Box Number is Not Acceptable)  
 17795 SW 158 Street  
 City  
 Miami FL Zip Code  
 33187

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 Gabriel de los Reyes, Sr. 4/30/2001  
 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President ROXANNE S. de los Reyes 17795 SW 158 Street Miami, FL 33187	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P., Secretary, Treasure ROXANNE S. de los Reyes 17795 SW 158 Street Miami, FL 33187	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> 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: Roxanne de los Reyes, Pres. Roxanne de los Reyes 4-30-01 305-235-7921  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)