2002	UNIFORM	BUSINESS	REPORT	(UBR

DOCUMENT # P98000099310 1. Entity Name					FILED				
LANDINGS NURSERY & LANDSCAPING, INC.					02 DEC 27 AM 7: 32				
Principal Place of Business 17795 S.W. 158TH STREET MIAMI FL 33187	Mailing Address 17795 S.W. 158TH STREET MIAMI FL 33187		12/2	SECL FAILA ODOOS 7/020104	7162 9014	**758.7	75 		
2. Principal Place of Business	3. Mailing Address	Mailing Address		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10° P D TO				
Suite, Apt. #, etc.	Suite, Apt. #, etc.		MEN	CTATE W TO ROO! O	BITE INTHIS	SPACE ()			
City & State	City & State		4. FEI Numb	65-08896	50		plied For t Applicable		
Zip Country	Zip	Country	ý		e of Status Desired		\$8.75 Add Fee Required		
6. Name and Address of Current	Registered Agent		Nome	7. Name an	d Address of Nev	Registered	Agent		
OF LOW DEVELOPMENT OF THE STATE			Name						
DE LOS REYES, GABRIEL SR			Street Address (P.O. Box Number is Not Acceptable)						
17795 S.W. 158TH STREET		-							
MIAMI FL 33187			City FL Zip Code						
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		!! FEE !!), 2002 Fe	Agent signature required S \$550.00 see will be \$750.	.00 10. E	lection Campaign rust Fund Contribu			0 May Be to Fees	
11. OFFICERS AND	DIRECTORS	12.		ADDITIONS	S/CHANGES TO C	FFICERS AND	DIRECTORS	3 IN 11	
TITLE NAME DE LOS REYES, ROXANNE S STREET ADDRESS CITY-ST-ZIP MIAMI FL 33187	∭ Delete	TITLE NAME STREET CITY-S'	ADDRESS T-ZIP				☐ Change	☐ Addition	
TITLE NAME CABriel de los Reyo STREET ADDRESS CITY-ST-ZIP Migmi, 74 33187	es et	TITLE NAME STREET CITY-S	ADDRESS T-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP WIAMIJE 33187	Seet Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ···	TITLE - NAME STREET CITY-S	ADDRESS T-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with	☐ Delete	CITY-S		action 110.07/2	Wi) Florida Statuta	is I further on	☐ Change	Addition	

13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Forida Statutes. I turther 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 attact pent with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME & SIGNING OFFICER OR DIRECTOR