

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000102428

1. Entity Name

LANDSCAPE ARCHITECT'S COLLABORATIVE, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90254 030 ***150.00

Principal Place of Business

Mailing Address

~~1314 E. LAS OLAS BLVD~~ **4310 W. Broward Blvd.** ~~1314 E. LAS OLAS BLVD~~ **Same**
~~SUITE 102~~ **Suite A** ~~SUITE 102~~
~~FORT LAUDERDALE FL 33301~~ **Plantation, FL. 33317** ~~FORT LAUDERDALE FL 33301-2334~~

2. Principal Place of Business

4310 W. Broward Blvd.

3. Mailing Address

4310 W. Broward Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite A

Suite A

City & State

Plantation, FL

City & State

Plantation, FL

Zip

33317

Country

USA

Zip

33317

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0880814

Applied For

Not Applicable

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

MODAS, DANIEL A
1215 SE 2ND AVE, #202
FORT LAUDERDALE FL 33335

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, 2000 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 **PD** ☐ Delete
NAME **VINOT ZIMMERMAN, KIM**
STREET ADDRESS **1961 SW 68TH AVE**
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **LAUBENTHAL, THOMAS J**
STREET ADDRESS **1901 SW 52ND AVE**
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Kim Zimmerman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kim Zimmerman 1/27/00 954 327-1955

CR2EX14 (5/98)