

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jul 13, 2000 8:00 am
Secretary of State

05-17-2000 90917 018 ***150.00

DOCUMENT # P99000003055

1. Entity Name

LITTLE HAITI LANDSCAPING, INC.

R.

Principal Place of Business

**113 N.E. 54TH STREET
 MIAMI FL 33137**

Mailing Address

**113 N.E. 54TH STREET
 MIAMI FL 33137-2415**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NUM. 65-0908640

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**TELISMA, MARC
 113 N.E. 54TH STREET
 MIAMI FL 33137**

7. Name and Address of New Registered Agent

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 registering)

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

TITLE: PD
 NAME: TELISMA, MARC Delete
 STREET ADDRESS: 113 N.E. 54TH STREET
 CITY-ST-ZIP: MIAMI FL 33137

TITLE: VPD
 NAME: SIMPLICE, RAYMOND Delete
 STREET ADDRESS: 12415 WEST RANDALL PARK
 CITY-ST-ZIP: MIAMI FL 33167

TITLE: TD
 NAME: SAMEDI, FLORVIL Delete
 STREET ADDRESS: 1217 N.E. 155TH STREET
 CITY-ST-ZIP: N. MIAMI FL 33161

TITLE: SD
 NAME: JOSEPH, PIERRE JOSUE' Delete
 STREET ADDRESS: 10306 N. MIAMI AVENUE
 CITY-ST-ZIP: MIAMI FL 33150

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE: Change Addition
 NAME: CLOSEL LAFRANCE
 STREET ADDRESS: T- D 113 NE 54 ST MIAMI FL 33137
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME: SAMEDI FLORVIL
 STREET ADDRESS: S. D. 113 NE 54 ST MIAMI FL 33137
 CITY-ST-ZIP:

TITLE: Change Addition
 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-27-2000 305-754-1276

Date

Daytime Phone #

CR2E034 19/99