## NIEADM BLIGINEGG DEDADT /LIDD\

DOCUMENT # P9900019159  1. Entity Name  GREEN GRASS LAWN SERVICE II, INC.						FILED Apr 17, 2000 8:00 am Secretary of State 04-17-2000 90143 030 ***150.00			
Principal Place of Business Mailing Address					7	04-17-2000	90143 030 ****1:	50.00	
8362 PINES BLV	/D.	8362 PINES BLVD.							
#435 PEMBROKE PINES FL 33024		#435 PEMBROKE PINES FL 33024-6600					n <b>ad</b> ii <b>Bris</b> i M <b>ais</b> (BB) (19	N ( N ( 184 N ( 184 N ) N ( 184 N )	
2. Principal Place of Business 14021 S.W. 20TH STREET Suite, Apt. #, etc.		3. Mailing Address 14021 S.W. 20TH STREET Suite, Apt. #, etc.			-	DO NOT WRITE IN THIS SPACE			
City & State DAVIE, FL. 33325		City & State DAVIE, FL. 33325			4. FE	Number 65-0902331		Applied For Not Applicable	
Zìp	Country BROWARD	Zip	1 1	Country BROWARD		ertificate of Status Desired	□ \$8.75 Fee Reg	Additional uired	
	6. Name and Address of Current I	Registered Agent			7. Na	me and Address of New	Registered Agent		
	ez, jorge jr. Pines blvd.	Street Address (		(P.O. Bo	NEZ, JORGE JR. P.O. Box Number is Not Acceptable)  O21 S. W. 20th STREET				
PEME	BROKE PINES FL 33024	<u> </u>		VIE,			Code 3325		
9 The above	named entity submits this statement for	registered (					3325		
9. This corpo Tax filing re	Signature, typed or printed name of registered agent a ration is eligible to satisfy its Intangible equirement and elects to do so.	IORGE NUNEZ nd title if applicable. (NOT	!!! FEE IS 100 Fee wil	\$150.00 I be \$550.00		10. Election Campaign F Trust Fund Contributi	- <del>-</del> -	5.00 May Be	
11.	OFFICERS AND		12.			ITIONS/CHANGES TO OF	FICERS AND DIRECT	ORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUNEZ, JORGE 8362 PINES BLVD. PEMBROKE PINES FL 33024	<b>X</b> □ Delete	TITLE NAME STREET AI CITY-ST-	NUN DDRESS 71P 140	EZ, 21 S	R/PRESIDENT JORGE JR. .W. 20TH ST FL. 33325	<b>X</b> Chan	ge 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AI CITY-ST-	DORESS			☐ Chan	ge 🔲 Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AI CITY-ST-				☐ Chao	ge 🔛 Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AI CITY-ST-				Char	ge Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AI CITY-ST-				☐ Chan	ge 🛅 Addition	
indicated of the corp	ertify that the information supplied with on this report or supplimental report is coration or the recover or trustee empor or on an attachment with an address URE:	true and scurate and that newered to execute this eport of the like en powered.	ny signature as required	shall have the	e same le: )7, Florida	oal effect as if made under	oath: that I am an off	icer or director	