

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90100 005 ***158.75

DOCUMENT # P99000037873

1. Entity Name
SUCH - A - LANDSCAPE, INC.



Principal Place of Business
**3375 NORTH COUNTRY CLUB DRIVE
SUITE 909
AVENTURA FL 33180**

Mailing Address
**3375 NORTH COUNTRY CLUB DRIVE
SUITE 909
AVENTURA FL 33180**



2. Principal Place of Business
3610 YATCH CLUB DR.
Suite, Apt. #, etc.
SUITE 604

3. Mailing Address
8261 NW 66 Street
Suite, Apt. #, etc.
SUITE 3

City & State
AVENTURA, FL

City & State
Miami, FL

4. FEI Number
65-0913299

Applied For
☐ Not Applicable

Zip
33180

Country
US

Zip
33164

Country
US

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

SUCHODOLSKI, SUELY
3375 NORTH COUNTRY CLUB DRIVE
SUITE 909
AVENTURA FL 33180

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
SUCHODOLSKI, SUELY
3375 N. COUNTRY CLUB DRIVE, SUITE 909
AVENTURA FL 33180

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3610 YATCH CLUB DR # 604
AVENTURA, FL 33180

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SUELY SUCHODOLSKI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/03
Date

(305) 792-0190
Daytime Phone #

CR2E034 (10/02)