

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057578

1. Entity Name

SHORT CUT LAWN AND LANDSCAPING INC

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90108 023 ***158.75

Principal Place of Business

11415 SW 43RD LANE
MIAMI FL 33165

Mailing Address

11415 SW 43RD LANE
MIAMI FL 33165-4631

2. Principal Place of Business

4239 SW 154 AVE

3. Mailing Address

4239 SW 154 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

miami, FL

City & State

miami, FL

4. FEI Number

650937550

Applied For

Not Applicable

Zip

33185

Country

U.S.

Zip

33185

Country

U.S.

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

SALAS, MIGUEL
11415 SW 43RD LANE
MIAMI FL 33165

Name

Herminia Castaneda

Street Address (P.O. Box Number is Not Acceptable)

4239 SW 154 AVE

City

miami

FL

Zip Code

33185

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]

Herminia Castaneda VPSD

13 Apr 2000

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	PSD	<input checked="" type="checkbox"/> Delete
NAME	SALAS, MIGUEL	
STREET ADDRESS	11415 SW 43RD LANE	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Daniel Gibert	
STREET ADDRESS	13832 SW 282 terr	
CITY-ST-ZIP	Honolulu, FL 33033	
TITLE	VPSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Herminia Castaneda	
STREET ADDRESS	4239 SW 154 AVE	
CITY-ST-ZIP	miami, FL 33185	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

Herminia Castaneda

13 Apr 2000 305-968-3483

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)