2000 Uniform Business Report (UBR) DOCUMENT # 1. Entity Name P99000060919 FILED AAA LANDSCAPING SERVICE: INC. OCT 30 AM 9:48 SECRETARY OF STATE TALLAHASSEE FLORIDA 334 NW 43rd Court 334 NW 43rd Court Oakland Park, FL 33309 Oakland Park, FL 33309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt. # etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 65-0932132 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name Nolasco, Abel 334 NW 43rd Court Street Address (P.O. Box Number is Not Acceptable) Oakland Park. FL 33309 Zip Code City 3. 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Flection Campaign Financing \$5.00 May Be Aiter WAY 1: 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. ☐ Addition Change PTSD ☐ Delete TITLE TITLE Abel Nolasco NAME 334 NW 43rd Court STREET ADDRESS STREET ADDRESS CITY-ST-7IP Oakland Park, FL 33309 Addition ☐ Change Delete TITLE TITLE NAME NAME 400003468884 STREET ADDRESS STREET ADDRESS 11/17/00--01072--016 CITY-ST-ZIP CITY-ST-ZIP **** 150 00 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS: STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITI F Change BTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change Delete TITLE DTLE NAME STREET ADDRESS 2248001 : 4481z CITY-ST-ZIP ST ZIP -13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

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.
3. GNATURE: When 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 in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify in the section 119.07(3)(i), Florida Statutes. I further certify in the section 119.07(3)(i), Florida Statutes. I further certify in the section 119.07(3)(i), Florida Statutes. I further certify in the section 119.07(i) further certification in the section 119.07(i) further ce

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Daniel J. Weinberg, C.P.A.

Daniel J. Weinberg
Certified Public Accountant

Member:

American Institute of CPA's New York State Society of CPA's Florida Institute of CPA's

October 25, 2000

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: AAA Landscaping Service, Inc.

Document # P9900060919

To Whom It May Concern:

Our client has forwarded to our office the enclosed Application for Reinstatement and Certificate of Administrative Dissolution or Revocation.

We were advised by our client that they never received any prior notice to file this Report and as this Corporation was just formed in July 1999 they were unaware of this filing requirement.

Enclosed is a completed 2000 Uniform Business Report and check for \$150.00. We respectfully request that you accept this Report with the \$150.00 fee and abate the late filing penalty. Our client has been made aware of this Report as well as its due date and will make all future filings on a timely basis.

Very truly yours,

Daniel J. Weinberg

Certified Public Accountant

DJW/he :aaa.landscaping.annual.rep.wpd: