

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90189 035 ***150.00

DOCUMENT # P99000067041

1. Entity Name

CONTINENTAL LANDSCAPING AND LAWN MAINTENANCE, IN

Principal Place of Business

Mailing Address

2950 NORTH 28TH TERR.
 HOLLYWOOD FL 33020

2950 NORTH 28TH TERR.
 HOLLYWOOD FL 33020

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0964650

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

7. Name and Address of New Registered Agent

SCHATZ, RICHARD E
 150 W. FLAGLER ST.
 MIAMI FL 33130

Pls Add: Stearns, Weaver, et al

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 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, 2001 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	D	<input type="checkbox"/> Delete
NAME	PATTERSON, D. SCOTT	
STREET ADDRESS	1140 BAY ST., STE. 4000	
CITY-ST-ZIP	TORONTO, ONTARIO, M5S 2B4	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOMBERG, GENE	
STREET ADDRESS	2950 N. 28TH TERRACE	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	DP	<input type="checkbox"/> Delete
NAME	FACARAZZO, LUKE JR	
STREET ADDRESS	2950 N. 28TH TERRACE	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	DS	<input type="checkbox"/> Delete
NAME	STRUNIN, RICHARD	
STREET ADDRESS	2950 N. 28TH TERRACE	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	TCFO	<input type="checkbox"/> Delete
NAME	CHRISTENSEN, STEVEN J	
STREET ADDRESS	2950 N. 28TH TERRACE	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE		<input type="checkbox"/> Delete
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		
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 file 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 another like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

1/31/01

(954) 925-8200

X2288

CR2E034 (10/00)

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