2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 27, 2001 8:00 am Secretary of State DOCUMENT # P99000068990 1. Entity Name ÎSRAEL GARDEN LAWN SERVICE, INC. 04-27-2001 90243 020 ***158.75 Principal Place of Business Mailing Address 20521 SW 54TH PLACE 20521 SW 54TH PLACE PEMBROKE PINES FL 33332 PEMBROKE PINES FL 33332 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0936859 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CAHACNO CAMACHO, ISRAEL JR. Street Address (P.O. Box Number is Not Acceptable 20521 SW 54TH PLACE PEMBROKE PINES FL 33332 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition TITLE TITLE Delete CAMACHO, ISRAEL NAME NAME STREET ADDRESS 20521 SW 54TH PLACE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PEMBROKE PINES FL 33332 ☐ Addition TITLE ☐ Change CAMACHO, ISRAEL JR. NAME NAME STREET ADDRESS 20521 SW 54TH PLACE STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33332 CITY-ST-ZIP Addition TITLE ☐ Delete ☐ Change CAMACHO, HILDA NAME NAME 20521 SW 54TH PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33332 CITY-ST-ZIP UICE-PRESIDENT Addition | TITI F □ Defete TITLE ☐ Change MAURA CAMACHO NAME 20521 SW 54th PLACE STREET ADDRESS STREET ADDRESS 33332 CITY-ST-ZIP CITY-ST-ZIP DEMBRORE DINEL TITLE ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-7IP

SIGNATURE:

CITY-ST-7IP

SIGNATURE AN TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR