2002 UNIFORM BUSINESS REPORT (UBR)

[redacted] FILED P99000068990

02 MAY 28 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000068990

1. Entity Name
ISRAEL GARDEN LAWN SERVICE, INC.

Principal Place of Business	Mailing Address
20521 SW 54TH PLACE PEMBROKE PINES FL 33332	20521 SW 54TH PLACE PEMBROKE PINES FL 33332

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
316 SW 120th Ave	316 SW 120th Ave
Suite, Apt. #, etc. Pembroke Pines	Suite, Apt. #, etc. Pembroke Pines
City & State Florida	City & State Florida
Zip 33025 Country Broward	Zip 33025 Country Broward

4. FEI Number 65-0936859 ☐ Applied For ☐ Not Applicable

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
CAMACHO, MAYRA 20521 SW 54TH PLACE PEMBROKE PINES FL 33332	Name: MAYRA CAMACHO Street Address (P.O. Box Number is Not Acceptable) 316 SW 120th Ave City: Pembroke Pines FL Zip Code: 33025

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, 2002 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P CAMACHO, ISRAEL 20521 SW 54TH PLACE PEMBROKE PINES FL 33332	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CAMACHO, ISRAEL JR. 20521 SW 54TH PLACE PEMBROKE PINES FL 33332	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200005753232--[illegible] -06/11/02--01046--019 ****158.75 ****158.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST CAMACHO, HILDA 20521 SW 54TH PLACE PEMBROKE PINES FL 33332	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/VP MAYRA CAMACHO 316 SW 120th Ave Pembroke Pines, FL 33025 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #