

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90003 016 \*\*\*150.00

0172648 AV

**DOCUMENT # P99000077147**

**1. Entity Name**  
**SIERRA TROPICAL LAWN & LANDSCAPE SERVICES, INC.**

**Principal Place of Business**  
**7900 N.W. 1ST STREET**  
**MARGATE FL 33063**

**Mailing Address**  
**7900 N.W. 1ST STREET**  
**MARGATE FL 33063**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**651 NW 208 CIR.**

**3. Mailing Address**  
**651 NW 208 CIR.**

**Suite, Apt. #, etc.**  
**PEMBROKE PINES**  
**City & State**  
**FL.**

**Suite, Apt. #, etc.**  
**PEMBROKE PINES**  
**City & State**  
**FL.**

**4. FEI Number** **65-0944136**

**Applied For**  
**Not Applicable**

**Zip** **33029**

**Country** **USA.**

**Zip** **33029**

**Country** **USA.**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**ABRAMSON, EDWARD J ESQ.**  
**7900 N.W. 1ST STREET**  
**MARGATE FL 33063**

**7. Name and Address of New Registered Agent**

**Name** **GABRIEL JAIME TRUJILLO**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**651 NW 208 CIR.**  
**PEMBROKE PINES**  
**City** **FL** **Zip** **33029**

**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)

**MARCH 10/02**  
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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution:** ☐

**11. OFFICERS AND DIRECTORS**

**TITLE** ☐ **Delete**  
**NAME** **VD VALENCIA, FERNANDO**  
**STREET ADDRESS** **11241 W ATLANTIC BV 103**  
**CITY-ST-ZIP** **CORAL SPG FL 33071**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
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**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ **Change** ☒ **Addition**  
**NAME** **PRESIDENT**  
**STREET ADDRESS** **GABRIEL TRUJILLO**  
**CITY-ST-ZIP** **651 NW 208 CIRCLE**  
**PEMBROKE PINES FL 33029**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **Addition**  
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**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**MARCH 10/02**

Date

**9547532493**

Daytime Phone #

CR2E034 (9/01)