

2020 UNIFORM BUSINESS REPORT (UBR)

8/4/00-90004-049-\$150.00-\$150.00

DOCUMENT # P99000081265

Entity Name

STRANO LANDSCAPE, INC.

FILED

01 JAN 31 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1677 N.W. 20 STREET HOMESTEAD FL 33030	Mailing Address 1677 N.W. 20 STREET HOMESTEAD FL 33030-2819
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0948207	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CHOOS, S. SCOTT ESQ. STE.312,15600 S.W. 288 STREET HOMESTEAD FL 33033	7. Name and Address of New Registered Agent
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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
11/24/01

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, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4000036555504- -02/07/01--01021--002 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4000036555504- -02/07/01--01021--004 ****200.00 ****200.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 4000036555504- -02/07/01--01021--003 ****400.00 ****400.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4000036555504- -02/07/01--01021--005 ****400.00 ****400.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4000036555504- -02/07/01--01021--006 ****400.00 ****400.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4000036555504- -02/07/01--01021--007 ****400.00 ****400.00

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 officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-31-00 (305) 277-9081

Date

Daytime Phone #

Sean Strano

1-24-01