

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90074 023 ***150.00

DOCUMENT # S39809

1. Entity Name

R & R LANDSCAPE, INC.

Principal Place of Business

5800 SW 177TH AVE
#6
MIAMI FL 33193
US

Mailing Address

5800 SW 177TH AVE
#6
MIAMI FL 33193
US

710327



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5800 SW 177 Ave
Suite, Apt. #, etc.
101

3. Mailing Address

5800 SW 177 Ave
Suite, Apt. #, etc.
101

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0252862

Applied For

Not Applicable

Zip

33193

Country

US

Zip

33193

Country

US

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

VIDAL, RUBEN
5800 SW 177TH AVE
STE #6
MIAMI FL 33193

Name

Street Address (P.O. Box Number is Not Acceptable)

#101

City

Miami

FL

Zip Code

33193

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	PS	<input type="checkbox"/> Delete
NAME	VIDAL, RUBEN	
STREET ADDRESS	5800 SW 177TH AVE #106	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5800 SW 177 Ave #101	
CITY-ST-ZIP	Miami, FL - 33193	
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 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 #

CR2E034 (10/00)