

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S71555**

1. Entity Name  
**CAD LANDSCAPE, INC.**

**FILED**  
**Aug 08, 2001 8:00 am**  
**Secretary of State**

07-10-2001 90132 025 \*\*\*150.00  
08-08-2001 90002 028 \*\*\*408.75

0086027 AV

Principal Place of Business  
**4310 W BROWARD BLVD. SUITE A  
PLANTATION FL 33317**

Mailing Address  
**4310 W BROWARD BLVD., SUITE A  
PLANTATION FL 33317**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0343128</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent <b>FERNANDEZ, RICHARD M. ESQ. 9519 N.E. 2ND AVE. MIAMI SHORES FL 33138</b>				7. Name and Address of New Registered Agent Name: <b>THOMAS J. LAUBENTHAL</b> Street Address (P.O. Box Number is Not Acceptable): <b>4310 W. BROWARD BLVD. #A</b> City: <b>PLANTATION</b> FL <b>33317</b>			
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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 same *Thomas J. Laubenthal*  
Signature, typed or printed name of registered agent and see if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 12, 2001 Fee will be \$750.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LAUBENTHAL, THOMAS J. 1901 SW 52ND AVE PLANTATION FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Thomas J. Laubenthal* **REQUIRED**  
Signature and typed or printed name of signing officer or director

Date: **7/2/01** Daytime Phone #: **954-327-1955**

CP2E034 (5/01)