FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 04, 2002 8:00 am Secretary of State DOCUMENT # V46073 02-04-2002 90044 036 ***150 00 E & J SOD AND LANDSCAPE CO. Principal Place of Business Mailing Address 6331 SW 185 WAY 6331 SW 185 WAY FT LAUDERDALE FL 33332 FT LAUDERDALE FL 33332 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0352512 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FERNANDEZ, EDWARD Street Address (P.O. Box Number is Not Acceptable) 6331 SW 185 WAY FT LAUDERDALE FL 33332 Zip Code FL 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 DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5,00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (9/01) Addition ☐ Change TITLE ☐ Delete EDWARD M. FernAndez FERNANDEZ, EDWARD NAME NAME 6331 SW 185 WAY CR2E034 6331 SW 185 WAY STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP Ft. LAUDEDALE, FL 33332 CITY-ST-ZIP **SVP** Change Addition TITLE ☐ Delete TITLE FERNANDEZ, JUDITH NAME NAME STREET ADDRESS 6331 SW 185 WAY STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME MERCADO JR. LUIS NAME STREET ADDRESS STREET ADDRESS 6331 W 185 WAY CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL ☐ Change ☐ Addition TITLE Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE WY ☐ Delete 的特殊的,我们也能会快递一点 NAME NAME STREET ADDRESS STREET ADDRESS 医神经 医排泄性性坏疽 田田 CITY-ST-7IP arell. 13. I hereby certify that the information supplied with this filing does not quatify 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.