

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90013 048 ***150.00

DOCUMENT # P93000032740
 1. Entity Name
MY LAWN SERVICE, INC.

| | |
|--|---|
| Principal Place of Business 14450 SW 208 AVENUE MIAMI FL 33196 US | Mailing Address 14450 SW 208 AVENUE MIAMI FL 33187-1602 US |
|--|---|



DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| 2. Principal Place of Business 17820 S.W. 174 St. Suite, Apt. #, etc. | 3. Mailing Address 17820 S.W. 174 St. Suite, Apt. #, etc. MIAMI, FL. City & State |
|--|---|

| | | |
|----------------------------------|------------------------------------|--|
| City & State MIAMI FL. | 4. FEI Number 65-0412970 | Applied For <input type="checkbox"/> Not Applicable |
|----------------------------------|------------------------------------|--|

| | | | | |
|---------------------|-----------------------|---------------------|-----------------------|--|
| Zip 33187 | Country USA | Zip 33187 | Country USA | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
|---------------------|-----------------------|---------------------|-----------------------|--|

6. Name and Address of Current Registered Agent
NIZ, MARIA J
14450 SW 208 AVE
MIAMI FL 33196

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
CHANGE OF ADDRESS FOR REGISTERED AGENT
17820 S.W. 174 St.
 City **MIAMI** FL Zip Code **33187**

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 DATE **4-20-2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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. **\$5.00 May Be Added to Fees**

| 11. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete PS OJEDA, MARINA 14450 SW 208TH AVE MIAMI FL 33196 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete VP NIZ, MARIA J 14450 SW 208TH AVE MIAMI FL 33196 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17820 S.W. 174 St. MIAMI, FL. 33187 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17820 S.W. 174 St. MIAMI, FL. 33187 |
| 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"/> Change <input type="checkbox"/> Addition |
| 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: **4-20-2000** **305-234-2442**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #