

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90044 048 ***150.00

DOCUMENT # P97000098873
 1. Entity Name
CABAN FAMILY LAWN & OUTDOORS MAINTENANCE, INC.

Principal Place of Business
HOME
 13927 41ST LANE NORTH
 ROYAL PALM BEACH FL 33411
 US

Mailing Address
 1630 S.W. 120TH TERRACE
 PEMBROKE PINES FL 33026

80091603



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
13927 41st Lane North

City & State
Royal Palm Bch, FL

4. FEI Number **59-3478220**
 Applied For
 Not Applicable

City & State
Royal Palm Bch, FL

Zip **33411** Country **US**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CABAN, JOHN
 1630 S.W. 120TH TERRACE
 PEMBROKE PINES FL 33026

just new address ->

7. Name and Address of New Registered Agent

Name **Caban John**
 Street Address (P.O. Box Number is Not Acceptable)
13927 41st Lane North
 City **Royal Palm Bch FL** Zip Code **33411**

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 _____
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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	DP CABAN, JOHN 1630 S.W. 120TH TERRACE PEMBROKE PINES FL 33026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CP2E034 (9/01)

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: John Caban **REQUIRED** 4-23-02 561-792-3555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #