## 9

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P02000107280

1. Entity Name

GLUZ EXTERMINATORS CORP.



## FILED Jan 29, 2003 8:00 am Secretary of State

01-29-2003 90313 013 \*\*\*150.00

						View 11	٧				
Principal Place of Business				Mailing Address				matical and an arm			
P.O. BOX 1200 MIAMI FL 33144				P.O. BOX 1200 MIAMI FL 33144			• 1	W4 4.	-		
WIMMI IL 331	**		MIAI	MI FL 33144				) ##0(### til ##0(## tilk) ##1) ##1) ##1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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2. Principal P	lace of Busin	ess	3. Ma	3. Mailing Address				E LODGEBON III WORIN SEREY OORGE OORII ÆDIOL EIDEI OI	411   10810   11001	I IBINE BRILEBRI	
Suite, Apt.	# etc	· · · · · · · · · · · · · · · · · · ·	Su	Suite, Apt. #, etc.				_			
outo, i ipi	, 510.			33.01,7,4.4.11,0.0.				CHECK HERE IF MAKING CHANGES			
City & Stat	e		Cit	City & State			4.	4. FEI Number 14 221 - C 2 Applied For			
Zip Country			Zie.	Zip Count				04-37/5687 Not Applicable			
ΖIÞ		Country	214	Zip Count			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					
B-0 (1)-0						Name					
PEREZ, LI				Street Addre			ess (P.O. E	s (P.O. Box Number is Not Acceptable)			
101 NW 43 PL MIAMI FL 33126											
MIAMI FL	33126										
•						City		FL.	Zip Cod	de	
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. I am familiar with, and accept											
the obligations of registered agent.											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
_				plicable. (NO	TE: Registere	d Agent signature re	quired when r	reinstating) DATE			
		! FEE IS \$1  3 Fee will be						9. Election Campaign Financing	\$5.0	00 May Be	
			artment of State					Trust Fund Contribution.	Added	d to Fees	
10.		OFFI	CERS AND DIRECTO	D DIRECTORS 11.			A[	L DDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11	
TITLE	Р			☐ Delete	TITLI	E			Change	Addition	
NAME	ALVERO,				NAM						
STREET ADDRESS CITY-ST-ZIP	101 NW 4 MIAMI FL					ET ADDRESS - ST-ZIP					
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NAME	PEREZ, LU	JZBEL		□ Delete	-NAM	1			change	Addition	
STREET ADDRESS	101 NW 4	3 PL			STRE	ET ADDRESS					
CITY-ST-ZIP	MIAMI FL	33126		¥-11	CITY	-ST-ZIP					
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CITY-ST-ZIP					CITY	-ST-ZIP					
12. I hereby o	ertify that the	information su	pplied with this filing	does not qualify fo	or the exe	mption stated is	n Section	119.07(3)(i), Florida Statutes. I further certi-	v that the ir	nformation	

12. 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 10 or Block 11 if changed, or on an attachment with an address that the proposer of the proposer of 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.

**SIGNATURE:** 

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #