

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90137 037 \*\*\*150.00

**DOCUMENT # 495385**

1. Entity Name  
**INTER-CITY EXTERMINATORS, INC.**

Principal Place of Business Mailing Address  
~~1120 SW 134TH PL~~ ~~1120 SW 134TH PL~~  
~~MIAMI FL 33184~~ ~~MIAMI FL 33184~~  
~~US~~ ~~US~~



2. Principal Place of Business 3. Mailing Address  
**45 SW 35 AVE RD** **45 SW 35 AVE RD**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **MIAMI FL** City & State **MIAMI FL** 4. FEI Number **59-1668813** Applied For  
 Not Applicable  
 Zip **33134** Country **DADE** Zip **33134** Country **DADE** 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  
~~RODRIGUEZ, EMILIO~~ Name **DULCE D MONTORO**  
~~1120 SW 134TH PL~~ Street Address (P.O. Box Number is Not Acceptable) **45 SW 35 AVE RD**  
~~MIAMI FL 33184~~ **MIAMI**  
 City **MIAMI** City **MIAMI** FL Zip Code **33134**

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]* Key Agent *[Signature]* DATE **1/18/02**  
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.  **FILE NOW!!! FEE IS \$150.00** 10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>RODRIGUEZ, JOSE</b>  <b>MIAMI, FL 00000</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>RODRIGUEZ JOSE</b> <b>1203 COLUMBUS BLVD</b> <b>PORTAL GABLES FL 33134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <del>RODRIGUEZ, EMILIO</del> <del>1120 SW 134TH PL</del> <del>MIAMI FL 00000</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT DIRECTOR</b> <b>DULCE D MONTORO</b> <b>45 SW 35 AVE RD</b> <b>MIAMI FL 33134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *[Signature]* **DULCE D MONTORO** Date **1/18/02** Day/ing Phone #

0292894 AV

CR2E034 (9/01)