

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90073 002 ***150.00

DOCUMENT # 495385

1. Entity Name
INTER-CITY EXTERMINATORS, INC.



Principal Place of Business

~~45 SW 55 AVE RD~~
~~MIAMI FL 33134~~
~~US~~

Mailing Address

~~45 SW 55 AVE RD~~
~~MIAMI FL 33134~~
~~US~~

2. Principal Place of Business

1120 SW 134 PL

3. Mailing Address

1120 SW 134 PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

59-1668813

Applied For

Not Applicable

Zip

33184

Country

DADE

Zip

33184

Country

DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

RODRIGUEZ, EMILIO

~~45 SW 55 AVE RD~~
MIAMI FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

1120 SW 134 PL

City

MIAMI

FL

Zip Code

33184

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

Emilio Rodriguez Reg Agent

1-7-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, JOSE	
STREET ADDRESS	1203 COLUMBUS BLVD	
CITY-ST-ZIP	CORAL SPRINGS FL 33134	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MONTORO, DULCE D	
STREET ADDRESS	45 SW 55 AVE RD	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTORO, DULCE D	
STREET ADDRESS	1120 SW 134 PL	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, EMILIO	
STREET ADDRESS	1120 SW 134 PL	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE:

Emilio Rodriguez REQUIRED Reg Agent

Date

1-7-03

Daytime Phone #

305-225-5051

CR2E034 (10/02)