

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 534931

1. Entity Name

F. AND F. PEST CONTROL, INC.

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90044 029 \*\*\*158.75

Principal Place of Business

Mailing Address

7880 NW 64TH ST  
MIAMI FL 33166  
US

P.O. BOX 650809  
MIAMI FL 33265-0809  
US

2. Principal Place of Business

P.O. Box 650809

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

Country

33265-0809

US

Zip

Country

4. FEI Number

59-1732555

Applied For

Not Applicable

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

FERRER, JOSE  
2232 SW 98TH PL.  
MIAMI FL 33165

Name

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

City

FL

Zip Code

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

*Jose Ferrer* - JOSE FERRER, President

3/22/2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME FERRER, JOSE  
STREET ADDRESS 2232 SW 98 PL  
CITY-ST-ZIP MIAMI FL 33165



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE STD  
NAME FERRER, GLORIA  
STREET ADDRESS 2232 SW 98 PL  
CITY-ST-ZIP MIAMI FL 33165



TITLE STD  
NAME GLORIA M. FERRER  
STREET ADDRESS 2232 S.W. 98 PL.  
CITY-ST-ZIP MIAMI, FL 33165



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



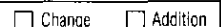
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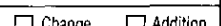
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



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: *Gloria M. Ferrer* GLORIA M. FERRER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/2000 805-220-8775

DATE

Daytime Phone #

CR2E034 (9/99)