

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90876 010 ***158.75

DOCUMENT # *534931*

1. Entity Name

F. And F. Pest Control, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 650809

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 650809

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

59-1732555

Applied For

Not Applicable

Zip

Country

33265-0809 USA

Zip

Country

33265-0809 USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name *Jose Ferrer*

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

2232 S.W. 98 Place

City

MIAMI

FL

Zip Code

33165

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, President

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

(NOTE: Registered Agent signature required when reappointing)

4-29-2002

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

*PD
FERRER, Jose
2232 S.W. 98 Place
MIAMI, FL 33165*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

*STD
FERRER, Gloria M.
2232 S.W. 98 Pl.
MIAMI, FL 33165*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Jose Ferrer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- Jose Ferrer - 4/29/2002 305-553-1615

Date

Daytime Phone #

CR2E034B (12/01)