PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90085 040 \*\*\*150.00

## DOCUMENT # 546219

UNITED EXTERMINATING COMPANY

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	THE RESERVE TO LABOUR STREET	Alta massa	•				
Principal Place of Business Mailing Address					T 1984A1 91111 B184A B4410 17801 51850 4841 A1014 A1	1811 BIBII BIBIF B	11611 41411 1461
6039 COLLINS AVE 6039 COLLINS AVE							
827					DO NOT WRITE IN THIS SPACE		
MIAMI BCH FL 33140 MIAMI BCH FL 33140 US					3. Date Incorporated or Qualified		
US		00			08/01/1977		
2 Oringinal Di	ace of Businese	2a. Mailing Address			4. FEI Number	Ap	plied For
					59-1761635	<b>⊢</b>	t Applicable
26       26						\$8.75 A	
22 27			•		5. Certifcate of Status Desired	Fee Re	quired
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23					Trust Fund Contribution	Added to	o Fees
Zip				try	8. This corporation owes the current year Into		_
24	25 29 30				Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent	
<b>.</b>	1 TORRE 14815		8	Name			
DE LA TORRE, JARLE			8	32 Street Add	dress (P.O. Box Number is Not Acceptable)		_
6039 COLLINS AVE UNIT 827			L				
MIAMI, FL			3	13			
MIAN	AI BCH FL 33140		E	34 City		85 Zip C	Code
					<u>FL</u>	<u></u>	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	, the abo	ove-named cor	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appoin	changing its ntment as re	registered gistered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	a Statut	es.		`	·
SIGNATURE							
	Signature, typed or printed name of registered agent		_	gent signature requi	Irred when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	IPS IN 12
12.	OFFICERS ANI	D DIRECTORS	13.		ADDITIONS/CHANGES TO OTTICERS AN	Change	Addition
TITLE	PD						
NAME	DE LA TORRE, JARLE		1.2 NAM				Ì
STREET ADDRESS	6039 COLLINS AVE UNIT 827	,		EET ADDRESS			ì
CITY-ST-ZIP	MIAMI BCH FL	☐ DELETE	1.4 CITY 2.1 TITLE			☐ Change	Addition
TITLE		E DEEF 12	2.2 NAM			_ ,	_
NAME			1	EET ADDRESS			
STREET ADDRESS							
CITY-ST-ZIP	<u> </u>	☐ DELETE	3.1 TITU	Y-ST-ZIP		Change	Addition
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NAME				EET ADDRESS			1
STREET ADDRESS	· ·	•		Y-ST-ZIP			
TITLE			4.1 TITU	-	183.700	Change	☐ Addition
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NAME STREET ADDRESS		•		EET ADDRESS			
STREET ADDRESS				-ST-ZIP			
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITL			☐ Change	Addition
NAME		~	5.2 NAM				_
,				EET ADDRESS			
STREET ADDRESS				-ST-ZIP			
CITY-ST-ZIP TITLE	<u> </u>	☐ DELETE	6.1 TITL			Change	Addition
NAME		<b>—</b>	6.2 NAM	E		-	
STREET ADDRESS			6.3 STR	EET ADDRESS	•		
ì	· ·			-ST-ZIP			
CITY-ST-ZIP	l ,						

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/39 Date

305-702-3825