## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 27, 2003 8:00 am Secretary of State

1. Entity Nam	MENT # H84100 SERVICES INCORPORATED	)				05-27-2003 90	171 03	\$4 ***1	58.75	
	ce of Business 67TH STREET 3015 US	Mailing Address P.O. ROX 552589 MIAMI, FL 33055								
2. Principal F	Place of Business	3. Mailing Address	3. Mailing Address 6187 N.W. 167 Street							
Suite, Apt. #, etc.		Sulte, Apt. #, etc. H-28			CHECK HERE IF MAKING CHANGES					
City & State		Cny & State Miami, Florida			50 050 05			plied For Applicable		
Zip	Country	Zip 33015	Country		5. Ce	ortificate of Status Desired		3.75 Add	litional	
	- 6. Name and Address of Current			lame	-7. Na	me and Address of New Regist				٠.
LEOPOLDINA I CAMACHO 18882 NW 77TH CT MIAMI, FL 33015					P.O. Box	x Number is Not Acceptable)				
				lity			FL	Zip Code	e	
	named entity submits this statement for	r the purpose of changing it	s registered o	office or register	ed ager	nt, or both, in the State of Florida.		illiar with,	and accept	
SICSIATIBE	Signature, typed or printed name of segistered agent	must idea i an dicatde (NO)	IF Garienal Are	en(Signature required	when soins	Mariana A	MIE			
FILE NOWIS: FILE IS \$160.00 After May 1: 2003 Fee will be \$550.00 Make Check Payable to Floride Department of State						Election Campaign Financin     Trust Fund Contribution.			O May Bo to Fees	
10.	OFFICERS AND		11.		ADD	MONS/CHANGES TO OFFICERS				_
NAME STREET ADDRESS CITY-ST-ZP	DPD LEOPOLDINA I CAMACHO 18882 NW 77 CT MIAMI, FL 33016	□ Delete	TITLE NAME STREET AD CITY-ST-2			,	Ĺ	] Change	☐ Addition	CRZE034 (10/02)
TITLE NAMÉ STREET ADDRESS CITY-ST-ZP	V QUINONES, ROBERTO 19863 NW 77TH COURT MIAMI, FL 33015	□ Delete	TITLE NAME STREET AD CITY-ST-2	· 1	•			] Change	Addition	CRZ
TITLE NAME STREET ADDRESS CITY-ST-ZP	ST LEON, SAHYLI 8851 NW 119 STREET HIALEAH, FL 33018	☐ Delete	TITLE - NAME - STREET AD CRY-ST-2				C	] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-2P		☐ Delete	TITLE NAME STREET AD CITY-ST-2					Change	Addition	:
TITLE MAINE STREET ADDRESS CITY-ST-ZP		□ Delete	TITLE NAME STREET AD CITY-ST-2					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-2P		☐ Delete	TITLE NAME STREET AD CRY-ST-2	ORESS				Change	Addition	
indicated of the cor	pertify that the information supplied with on this report or supplemental report is portition or the receiver or trustee empor or on an attachment with an address, v	true and accurate and that it wered to execute this report	my signature : t as required t	on stated in Sec shall have the s by Chapter 607,	ation 119 ame leg Florida	9.07(3)(i), Florida Statutes, I furth gal effect as if made under oath; I Statutes; and that my name app	er certify i nat I am s ears in Bi	that the in an officer o ock 10 or	formation or director Block 11 if	
SIGNATURE: 5-23-03 (305) 829-0000 SIGNATURE AND TYPED OR PRINTED WARE OF SIGNAPLO-OFFICER OR DERECTOR  Date Control of Co										



Attachment # 80122044

## **PEST ELIMINATORS**

6187 N.W. 167 Street, H28, Miami, FL 33015 Dade (305) 829-0000 • Brwd (954) 748-8232 • WPB (561) 833-6969 Toll Free 800-218-PEST • Fax (305) 828-0932

May 23, 2003

Florida Dept. of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

RE: Unison Services Inc.
Document # H84100

## Gentlemen:

Enclosed please find the 2003 Uniform Business Report properly executed. We contacted your department today after we realized that we had not received said report and were advice to download the form, please correct your records to show our new physical and mailing address as follows:

Unison Services, Inc. 6187 N.W. 167<sup>th</sup> Street # H-28 Miami, Florida 33015

Also, we are enclosing a cashier's check in the amount of \$158.75, including the fee for a Certificate of Status.

If you have any questions, please do not hesitate to contact us at 305-829-0000.

Your attention and cooperation in this matter will be greatly appreciated.

Sincerely.

L. CAMACHO

President