

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J46843

1. Entity Name

SOUTH FLORIDA INSECTAWAY, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90047 014 ***150.00

Principal Place of Business
C/O MENDOZA, CALLAS & SCHILLING
251 ROYAL PALM WAY PO BOX 2715
PALM BEACH FL 33480

Mailing Address
C/O MENDOZA, CALLAS & SCHILLING
251 ROYAL PALM WAY PO BOX 2715
PALM BEACH FL 33480

2. Principal Place of Business
c/o Mendoza and Callas

3. Mailing Address
c/o Mendoza and Callas

Suite, Apt. #, etc.
251 Royal Palm Way, Ste 602

Suite, Apt. #, etc.
P. O. Box 2715

City & State
Palm Beach, FL

City & State
Palm Beach, FL

Zip
33480

Country
USA

Zip
33480

Country
USA

4. FEI Number
59-2754557

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MENDOZA, CALLAS & SCHILLING
251 ROYAL PALM WAY
PALM BEACH FL 33480-1310

7. Name and Address of New Registered Agent

Name
Mario G. de Mendoza, III
Street Address (P.O. Box Number is Not Acceptable)
c/o Mendoza and Callas
251 Royal Palm Way, Suite 602
City
Palm Beach FL Zip Code
33480

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

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

Mario G. de Mendoza, III, Reg. Agt

(NOTE: Registered Agent signature required when reinstating)

DATE

2/8/00

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDT ROLDAN, PABLO 251 ROYAL PALM WAY PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ROLDAN, RAUL 251 ROYAL PALM WAY PALM BCH. FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS MENDOZA, MARIO G. DE III 251 ROYAL PALM WAY PALM BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ROLDAN, KATHRYNA 251 ROYAL PALM WAY PALM BCH, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pablo Roldan, Pres.

Date

Daytime Phone #

(561) 798-6819

798-6801

A0034587



DO NOT WRITE IN THIS SPACE