

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K84922

1. Entity Name

JULEP LAWN AND LANDSCAPE MAINTENANCE INC

Principal Place of Business

3970 NW 132 ST.
BAY A
MIAMI FL 33054

Mailing Address

P.O. BOX 171268
HIALEAH FL 33017

2. Principal Place of Business

4151 NW 132 Street

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 171268

Suite, Apt. #, etc.

City & State

Opa Locka Florida

City & State

Hialeah, FLorida

Zip

33054

Country

USA

Zip

33017

Country

USA

6. Name and Address of Current Registered Agent

BROWN-ALFARO, DOROTHY
3970 NW 132 ST.
BAY A
MIAMI FL 33054

7. Name and Address of New Registered Agent

Name

BROWN-ALFARO, Dorothy

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

4151 NW 132 Street

City

Opa Locka

FL

Zip Code

33054

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

Dorothy Brown-Alfaro President
Signature, typed or printed name of registered agent, and title if applicable

4-27-2001

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, 2001 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 P ☐ Delete
NAME BROWN-ALFARO, DOROTHY
STREET ADDRESS 3970 NW 132 ST., BAY A
CITY-ST-ZIP MIAMI FL 33054

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☒ Change ☐ Addition
NAME BROWN-ALFARO, Dorothy
STREET ADDRESS 4151 NW 132 Street
CITY-ST-ZIP OPA LOCKA, FL 33054

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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:

Dorothy Brown-Alfaro Dorothy Brown-Alfaro 4-27-2001 305-821-3511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)