

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90118 022 \*\*\*150.00

**DOCUMENT # M56080**

1. Entity Name

**EXCELLENT LAWN SERVICE, INC.**

Principal Place of Business

C/O ENRIQUE ALEMAN  
 4852 SHERIDAN ST.  
 HOLLYWOOD FL 33021

Mailing Address

C/O ENRIQUE ALEMAN  
 4852 SHERIDAN ST.  
 HOLLYWOOD FL 33021

2. Principal Place of Business

**6701 Lee St**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

**P O Box 6281**

City & State

**Hollywood FL**

City & State

**Hollywood FL**

Zip

**33024 Broward**

Country

Zip

**33081 Broward**

Country

4. FEI Number

**59-2825813**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

**3945 Fern Forest Rd**

City

**Cooper City**

FL

Zip Code

**33026**

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.

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	ALEMAN, ENRIQUE	
STREET ADDRESS	4852 SHERIDAN ST.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ALEMAN, HENRY	
STREET ADDRESS	6701 LEE ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	S	<input type="checkbox"/> Delete
NAME	ALEMAN, THERESE L	
STREET ADDRESS	4852 SHERIDAN ST	
CITY-ST-ZIP	HOLLYWOOD FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>3945 Fern Forest Rd</b>
CITY-ST-ZIP	<b>Cooper City FL 33026</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>3945 Fern Forest Rd</b>
CITY-ST-ZIP	<b>Cooper City FL 33026</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

**E Alema Enrique Aleman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**1/14/2001 954983-0877**

Daytime Phone #

CR2E034 (10/00)