

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90162 003 ***150.00

DOCUMENT # P000000012946 ✓
1. Entity Name
U.S.D.A. QUARANTINE FUMIGATION SERVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4035 SW 98 AVENUE

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI - FLORIDA

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
33165

Country
USA

Zip

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name ALEXANDER E. NAPOLES

Street Address (P.O. Box Number is Not Acceptable)
1717 NORTH BAYSHORE DRIVE #1856

City MIAMI

FL

Zip Code
33132

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 PRESIDENT
NAME ALEXANDER E. NAPOLES
STREET ADDRESS 1717 NORTH BAYSHORE DRIVE #1856
CITY-ST-ZIP MIAMI, FL 33132

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02
Date

305-552-0141
Daytime Phone #