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2003 FOR PROFIT CORPORATION **ÜNIFORM BUSINESS REPORT (UBR**

Jul 21, 2003 8:00 am **Secretary of State** P00000021648 DOCUMENT # 04-21-2003 90433 045 ***150.00 1. Entity Name JUAN LAWN SERVICE, INC. Principal Place of Business Mailing Address 4400000 11815 NW 12TH AVE 11815 NW 12TH AVE MIAMI FL 33168 MIAMI FL 33168 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-0986481 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZAYAS, JUAN Street Address (P.O. Box Number is Not Acceptable) 11815 NW 12TH AVE MIAMI FL 33168 Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PVST** TITLE TITLE ☐ Change ☐ Addition Delete ZAYAS, JUAN NAME NAME 11815 NW 12TH AVE STREET ADDRESS STREET ADDRESS MIAMI FL 33168 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE zayas, Juan NAME NAME 11815 NW 12TH AVE STREET ADDRESS STREET ADDRESS MIAMI FL 33168 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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