

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90075 050 \*\*\*150.00

**DOCUMENT # P00000025577**

1. Entity Name

**COMPLETE HOME & COMMERCIAL SERVICE GROUP, INC.**

Principal Place of Business

7851 N.W. 15TH STREET  
 MIAMI FL 33122

Mailing Address

7851 N.W. 15TH STREET  
 MIAMI FL 33122

2. Principal Place of Business

4500 NW 73rd AVE.

3. Mailing Address

4500 NW 73rd AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL.

4. FEI Number

65-0989752

Applied For

Not Applicable

Zip

33166

Country

U.S.

Zip

33166

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, HERMES  
 10260 SW 161 AVE.  
 MIAMI FL 33196

7. Name and Address of New Registered Agent

Name

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

4500 N.W. 73rd AVE.

City

MIAMI

FL

Zip Code

33166

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

TITLE PD  
 NAME ALVAREZ, HERMES  
 STREET ADDRESS 10260 SW 161 AVE  
 CITY-ST-ZIP MIAMI FL 33196 ☐ Delete

TITLE VD  
 NAME MOTA, JAMES  
 STREET ADDRESS 11356 S.W. 166 TERRACE  
 CITY-ST-ZIP MIAMI FL 33157 ☐ Delete

TITLE T  
 NAME DURAN, LAWRENCE  
 STREET ADDRESS 7943 N.W. 2ND STREET  
 CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

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 ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 4500 NW 73rd AVE  
 CITY-ST-ZIP MIAMI, FL. 33166

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 4500 NW 73rd AVE  
 CITY-ST-ZIP MIAMI, FL. 33166

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 4500 NW 73rd AVE  
 CITY-ST-ZIP MIAMI, FL. 33166

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/26/01 305 219-3553  
 Date Daytime Phone #

CR2E034 (10/00)

0143564