

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90403 027 ***158.75

DOCUMENT # P00000029359

1. Entity Name
PEST TECHNICIANS, INC.

Principal Place of Business
1811 S.W. 129TH TERRACE
MIRAMAR FL 33027

Mailing Address
1811 S.W. 129TH TERRACE
MIRAMAR FL 33027

2. Principal Place of Business

3. Mailing Address

12333 NW 18th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 3B

City & State

City & State

Pembroke Pines FL

Zip

Country

Zip

Country

33026

USA

4. FEI Number

65-0998679

Applied For

Not Applicable

5. Certificate of Status Desired

X \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PINES, GUSTAVO A ESQ
3301 PONCE DE LEON BLVD STE 200
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name **Carlos E. Villanueva**

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

12333 NW 18th St. Suite 3B

Pembroke Pines FL

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]
 Signature, typed or printed name of registered agent and title if applicable.

Carlos E. Villanueva, Pres.

4/25/02
 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, 2002 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	DPS	<input type="checkbox"/> Delete
NAME	VILLANUEVA, CARLOS E	
STREET ADDRESS	1811 S.W. 129TH TERRACE	
CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	HUSSO, CLAUDIO N	
STREET ADDRESS	1811 S.W. 129TH TERRACE	
CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carlos E. Villanueva
Pres

4/25/02
 Date

Daytime Phone #

CR2E034 (9/01)