

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 05, 2001 8:00 am
Secretary of State

05-10-2001 90190 034 ***150.00

DOCUMENT # P00000052624

1. Entity Name

STUMP MAN TREE SERVICE, INC.

Principal Place of Business

1997 S.W. 17TH COURT
 MIAMI FL 33145

Mailing Address

1997 S.W. 17TH COURT
 MIAMI FL 33145

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1015550

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

JIMENEZ, YANIVIA
1176 S.W. 20TH AVENUE
#B
MIAMI FL 33135

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/29/01

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	<input checked="" type="checkbox"/> Delete
NAME	ROJAS, AARON L	
STREET ADDRESS	1176 S.W. 20TH AVENUE #B	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	JIMENEZ, YANIVIA	
STREET ADDRESS	1176 S.W. 20TH AVENUE #B	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COMPANIONI, MIRIAM	
STREET ADDRESS	1997 S.W. 17TH COURT	
CITY-ST-ZIP	MIAMI FL 33145	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROJAS, AARON L.	
STREET ADDRESS	1176 S.W. 20TH AVENUE #B	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	Y.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIMENEZ, YANIVIA	
STREET ADDRESS	1176 S.W. 20TH AVENUE #B	
CITY-ST-ZIP	MIAMI FL 33135	
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		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/01

Date

Daytime Phone #

926-6875

CR2E034 (10/00)