

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2001 8:00 am**  
**Secretary of State**

03-13-2001 90113 004 \*\*\*150.00

**DOCUMENT # P00000057611**

1. Entity Name

**LUIS LAWN SERVICE, INC.**

Principal Place of Business

Mailing Address

4995 EAST 9TH LANE  
HIALEAH FL 33013

4995 EAST 9TH LANE  
HIALEAH FL 33013

2. Principal Place of Business

3. Mailing Address

5933 S.W. 152 CT.  
Suite, Apt. #, etc.

5933 S.W. 152 CT.  
Suite, Apt. #, etc.

City & State

City & State

Miami FL

Miami FL

Zip  
33193

Country  
USA

Zip  
33193

Country  
USA

4. FEI Number

65-1017593

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CALZADILLA, LUIS  
4995 EAST 9TH LANE  
HIALEAH FL 33013

7. Name and Address of New Registered Agent

Name CALZADILLA, LUIS

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

5933 S.W. 152 CT.

City Miami

FL

Zip Code

33193

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

*Lu Calzadilla* President CALZADILLA, LUIS 3/6/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPST  
NAME CALZADILLA, LUIS  
STREET ADDRESS 4995 EAST 9TH LANE  
CITY-ST-ZIP HIALEAH FL 33013 ☒ Delete

TITLE DPST  
NAME CALZADILLA LUIS  
STREET ADDRESS 5933 S.W. 152 CT.  
CITY-ST-ZIP Miami FL 33193 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 time empowered.

SIGNATURE:

*Lu Calzadilla*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/01 (305) 408-0588  
Date Daytime Phone #

0094370

CR2E034 (10/00)