

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90163 046 ***150.00

DOCUMENT # P00000068092

1. Entity Name

VALLE PEST CONTROL USA CORPORATION



Principal Place of Business

**7324 SW 101 COURT
MIAMI FL 33173**

Mailing Address

**7324 SW 101 COURT
MIAMI FL 33173**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1041185

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GERSTEIN, WILLIAM

**GERSTEIN & GERSTEIN ATTORNEYS AT LAW
1300 NORTH FEDERAL HIGHWAY SUITE 203
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name **William Gerstein**

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

Gerstein & Gerstein Attorneys, P.A.

700 South Federal Highway, Ste. 200

City **Boca Raton**

FL

Zip Code
33432-6128

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

William Gerstein, Registered Agent

2-20-2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DPST**
NAME **ARELLANO, JUAN MANUEL**
STREET ADDRESS **7324 SW 101 COURT**
CITY-ST-ZIP **MIAMI FL 33173**

☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CR2E034 (10/02)

12. 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.

SIGNATURE:

Juan M. Arellano
President

2-20-2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #