

FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000005126

1. Entity Name

UNLIMITED SERVICE GROUP OF FLORIDA, INC



FILED

03 MAR 21 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6073 NW 167 St.

3. Mailing Address
6073 NW 167 St.

Suite, Apt. #, etc.
Suite C-7

Suite, Apt. #, etc.
Suite C-7

City & State
Miami - Florida

City & State
MIAMI - FLORIDA

Zip
33015

Country
USA

Zip
33015

Country
USA

DO NOT WRITE IN THIS SPACE
09/16/02 90093 D30#163.75
4. FBI Number 651070714

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name RICARDO CASTRO

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

6073 NW 167 St.

Suite C-7

City Miami - Florida

FL Zip Code 33015

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

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP

PV/T/S Ricardo Castro
6073 NW 167 St. Suite C-7
Miami - Florida 33015

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

100014451041
03/21/03--01063--008 **158.75

TITLE
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CITY - ST - ZIP

D Ricardo Castro
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Per conversation with it re: no
notice to correct back in 2002.

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)