

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 93594 018 \*\*\*150.00

**DOCUMENT #** P01000030885  
1. Entity Name  
*MANUEL DELGADO LAWN SERVICE, INC.*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <i>5300 NE 8th Avenue</i>		3. Mailing Address <i>5300 NE 8th Avenue</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Pompano Beach, Florida</i>		City & State <i>Pompano Beach, Florida</i>	
Zip <i>33064</i>	Country <i>Broward</i>	Zip <i>33064</i>	Country <i>Broward</i>

4. FEI Number  
*65-1095974*

Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *Manuel Delgado*

Street Address (P.O. Box Number is Not Acceptable)  
*5300 NE 8th Avenue*

City *Pompano Beach* **FL** Zip Code *33064*

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<i>DPT DELGADO, MANUEL 5300 NE 8th Avenue Pompano Beach, FL 33064</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DV DELGADO, MANUEL JR. 5300 NE 8th Avenue Pompano Beach, FL 33064</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DS GONZALEZ, MARIA T. 5300 NE 8th Avenue Pompano Beach, FL 33064</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Manuel Delgado* **May-20-02 (954) 675-9026**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)