2002 UNIFORM BUSINESS REPORT (UBR)

Sep 10, 2002 8:00 am Secretary of State DOCUMENT# P01000040599 1. Entity Name 09-10-2002 90229 006 ***150 00 ALFREDO AQUINO & SON'S LAWN SERVICE, INC. Principal Place of Business Mailing Address 013445 16319 PRESTWICH DRIVE EAST 16319 PRESTWICH DRIVE EAST LOXAHATCHEE FL 33470 LOXAHATCHEE FL 33470 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134 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 typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12, PD TITLE (4/02)Delete TITLE ☐ Change ☐ Addition AQUINO, ALFREDO D NAME NAME 16319 PRESTWICH DRIVE EAST STREET ADDRESS STREET ADDRESS LOXAHATCHEE FL 33470 CITY-ST-ZIP CITY-ST-ZIP ۷D TITLE ☐ Delete TITLE Change ☐ Addition NAME AQUINO. ALFREDO E NAME STREET ADDRESS 16319 PRESTWICH DRIVE EAST STREET ADDRESS CITY-ST-ZIP LOXAHATCHEE FL 33470 CITY-ST-ZIP STD TITLE ☐ Delete TITLE Change Addition NAME AQUINO, MONICA M NAME STREET ADDRESS 16319 PRESTWICH DRIVE EAST STREET ADDRESS CITY-ST-ZIP LOXAHATCHEE FL 33470 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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I hereby certify that the information supplied with this filling 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. 0 Sto 9-9-2002-561-791-8780

CITY-ST-ZIP

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ALFREDO AQUINO & SON'S LAWN

SERVICE INC. 16319 PRESTWICH DR. E. LOXAHATCHEE. FL 33470 561-791-8780 561-386-8606

dogrules7@aol.com

September 9, 2002

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314

Dear Ladies & Gentlemen,

This letter is to inform the Department of State the we never received the Uniform Business report before a second notice was sent to us. I reorganized my office to look for it and could not find the original. Enclosed please find the Uniform Business Report and our check for \$150.00.

Sincerely,

Monica Morse Aquino STD