2002 Uniform Business Report (UBR)

SIGNATURE:

Mar 29, 2002 8:00 am Secretary of State P01000099242 **DOCUMENT #** 1. Entity Name 03-29-2002 91424 027 ***150 00 WESTCHESTER PEST MANAGEMENT. INC. Principal Place of Business Mailing Address 1002 S W 88TH COURT 1002 S W 88TH COURT MIAMI FL 33174 **MIAMI FL 33174** 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 65-1150177 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 - -Name RIESGO. AGUSTIN Street Address (P.O. Box Number is Not Acceptable) 1002 S W 88TH COURT **MIAMI FL 33174** Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$150.00 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 May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE TITLE ☐ Change Addition ☐ Delete Agustin Riesgo NAME NAME 1002 SW 88 COURT STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIE Addition TITLE ☐ Delete TITLE MARIA RIESGO-Hunton NAME NAME 1002 SW 88 COURT STREET ADDRESS STREET ADDRESS 33174 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE □ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 like empowered.

FILED

CR2E034 (9/01)

Daytime Phone #