

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90295 041 ***150.00

0342239 AV

DOCUMENT # P01000107711

1. Entity Name

SOUTH FLORIDA MEASURING SERVICE, INC.



Principal Place of Business

**3325 GRIFFINS RD
275**

FORT LAUDERDALE FL 33312

Mailing Address

**3325 GRIFFINS RD
275**

FORT LAUDERDALE FL 33312

2. Principal Place of Business

4430 SW. 26 AVE

3. Mailing Address

3325 GRIFFIN RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

275.



☒ CHECK HERE IF MAKING CHANGES

City & State

FL LAUDERDALE FL

City & State

FL LAUDERDALE FL

4. FEI Number

65-1154172

Applied For

Not Applicable

Zip

FB3312

Country

USA.

Zip

33312.

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AGUDELO, JOHN F

19477 NE 10TH AVE., STE. 412

MIAMI FL 33179

Name

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

City

FL

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. 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SOUTH FLORIDA MEASURING SEV**
STREET ADDRESS **3325 GRIFFINS RD #275**
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)