

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

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90217 028 ***150.00

DOCUMENT # P02000034082

1. Entity Name

NUNEZ LAWN SPRINKLERS, INC.

DO NOT WRITE IN THIS SPACE

90104373

2. Principal Place of Business
16711 COLLINS AVENUE

3. Mailing Address
16711 COLLINS AVENUE

Suite, Apt. #, etc.
#1005

Suite, Apt. #, etc.
#1005

City & State
SUNNY ISLAND FL,

City & State
SUNNY ISLAND FL

4. FEI Number
82-0538716

Applied For
Not Applicable

Zip Country
33160 USA

Zip Country
33160 USA

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
LEONEL NUNEZ

Street Address (P.O. Box Number is Not Acceptable)
16711 COLLINS AVENUE

#1005

City SUNNY ISLAND FL Zip Code 33160

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.

(NOTE: Registered Agent signature required when reinstating)

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
PRESIDENT
LEONEL NUNEZ
16711 COLLINS AVENUE #1005
SUNNY ISLAND FL, 33160

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
PILAR NUNEZ
16711 COLLINS AVENUE #1005
SUNNY ISLAND FL, 33160

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER
ELPIDIO MOREJON
933 NW 134TH PLACE
MIAMI FL, 33182

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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CITY-ST-ZIP

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 empowerers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)