

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91891 025 \*\*\*158.75

00383605  
FP

**DOCUMENT # P02000041145**

**1. Entity Name**  
**WEED WHACKERS INC.**



**Principal Place of Business**  
17265 S.W. 44TH CT  
MIAMI FL 33177

**Mailing Address**  
17265 S.W. 44TH CT  
MIAMI FL 33177



**2. Principal Place of Business**

17265 SW 144TH CT.

Suite, Apt. #, etc.

MIAMI, FLORIDA

City & State

33177

U.S.A

Zip

Country

**3. Mailing Address**

17265 S.W. 144TH CT.

Suite, Apt. #, etc.

MIAMI, FLORIDA

City & State

33177

U.S.A

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

**4. FEI Number**

04-3654115

Applied For

Not Applicable

**5. Certificate of Status Desired**

☒

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

HENANDEZ, RAUL JR  
17265 S.W. 44TH CT  
MIAMI FL 33177

**7. Name and Address of New Registered Agent**

Name

HERNANDEZ, RAUL JR

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

17265 SW 144TH CT.

MIAMI

City

FL

33177

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**

**TITLE** PD ☐ Delete  
**NAME** HERNANDEZ, RAUL JR  
**STREET ADDRESS** 17265 S.W. 44TH CT  
**CITY-ST-ZIP** MIAMI FL 33177

**TITLE** VD ☐ Delete  
**NAME** HERNANDEZ, RAUL  
**STREET ADDRESS** 17265 S.W. 44TH CT  
**CITY-ST-ZIP** MIAMI FL 33177

**TITLE** VD ☐ Delete  
**NAME** HERNANDEZ, OMAIDA  
**STREET ADDRESS** 17265 S.W. 44TH CT  
**CITY-ST-ZIP** MIAMI FL 33177

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☒ Change ☐ Addition  
**NAME** HERNANDEZ, RAUL JR P  
**STREET ADDRESS** 17265 SW 144 CT  
**CITY-ST-ZIP** MIAMI, FL. 33177

**TITLE** ☒ Change ☐ Addition  
**NAME** HERNANDEZ, RAUL V  
**STREET ADDRESS** 17265 SW 144 CT  
**CITY-ST-ZIP** MIAMI, FL 33177

**TITLE** ☒ Change ☐ Addition  
**NAME** HERNANDEZ, OMAIDA V  
**STREET ADDRESS** 17265 SW 144 CT  
**CITY-ST-ZIP** MIAMI, FL. 33177

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

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/03

Date

786-299-3743

Daytime Phone #

CR2E034 (10/02)