

03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

Smoothcut LAWN MAINTENANCE
SERVICE, INC # P02000072407



FILED

03 APR 22 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

18903 NW 52 COURT
Suite, Apt. #, etc.

3. Mailing Address

18903 NW 52 COURT
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State,
Miami, FL

City & State
18903 NW 52 COURT

4. FEI Number

030467210

Applied For

Not Applicable

Zip
33055

Country
USA

Zip
33055

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Lynden Porter

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

2110 N.W. 96 STREET

City Miami

FL

Zip Code

33147

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 Lynden Porter, Registered Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/03

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
Fredman Bethel
18903 NW 52 COURT
Miami, FL 33055

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VICE PRESIDENT
Chiffon H. Bethel
18903 NW 52 COURT
Miami, FL 33055

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TREASURER
Fredman Bethel
18903 NW 52 COURT
Miami, FL 33055

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SECRETARY
Frank Garland
2110 NW 96 STREET
Miami, FL 33147

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DIRECTOR
Chiffon H. Bethel
18903 NW 52 COURT
Miami, FL 33055

TITLE
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CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Chiffon H. Bethel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03

Date

(305) 629-2738

Daytime Phone #

CR2E034B (12/02)