2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000029763** 1. Entity Name SUPERIOR PLUS PEST CONTROL, INC. Principal Place of Business Mailing Address

FILED Mar 19, 2001 8:00 am Secretary of State 03-19-2001 90454 018 ***155.00

3355 SW 109 C MIAMI FL 3316		3355 SW 109 CT MIAMI FL 33165						r		
6 0 () -) F	N. (D.)									
2. Principal P	Place of Business	3. Malling Address	3. Mailing Address				18 6 11811 118 111 118 1111			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State	City & State		4 . f	4. FEI Number 65-0403961			Applied For Not Applicable	
Zip	Country	Zip	Count	ry		Certificate of St			8.75 Ad ee Require	
	6. Name and Address of Current	nt Registered Agent		Name	7. 1	Name and Add	ress of New R	Registered A	gent	
CHAVEZ, MANUEL F				IVAITE						
3355 SW 109 CT MIAMI FL 33165			Street Addres		ss (P.O. E	Box Number is !	Not Acceptable	e) 		
			-	City			· A	FL	Zip Cod	de
8. The above	named entity submits this statement	for the purpose of changing its	registere	d office or regis	stered ag	gent, or both, in	the State of Flo	orida.	1	
SIGNATURE .	Signature, typed or printed name of registered age							DATE		
	Signature, typed or printed name or registered age			Agent signature requ	uirea when re	enstating)		DATE		
Tax filing requirement and elects to do so. After MA			V!!! FEE IS \$150.00 2001 Fee will be \$550.00 able to Department of Stat			,	i Campaign Fir ind Contributio	* 3		00 May Be d to Fees
11.	OFFICERS AN	ID DIRECTORS	12.		AD	DITIONS/CHA	NGES TO OFF	ICERS AND	DIRECTOR	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHAVEZ, MANUEL F 3355 SW 109 CT MIAMI FL 33165	☐ Delete		T ADDRESS ST-ZIP					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP			1 - 1 d -		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	NAME STREE	T ADDRESS ST-ZIP		-		٠ ـ	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP					☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied w	☐ Celete	CITY-	T ADDRESS ST-ZIP	Section	119 07(3)(i) Fic	orida Statutes		Change	Addition

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

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR