

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90025 018 ***150.00

DOCUMENT # P95000071369

1. Entity Name
FLORIDA ENVIRONMENTAL EXTERMINATORS, INC.

Principal Place of Business

13117 NW 6TH TERRACE
MIAMI FL 33182
US

Mailing Address

13117 NW 6TH TERRACE
MIAMI FL 33182
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **65-0607687**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

WONG, RAUL H
2205 SW 137 CT
MIAMI FL 33175

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.

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) ☐

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☐ **Delete**
NAME **PEREZ, RICARDO**
STREET ADDRESS **13117 NW 6TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33182**

TITLE **M - MANAGING DIRECTOR** ☒ **Change** ☐ **Addition**
NAME **PEREZ, RICARDO**
STREET ADDRESS **13117 N.W. 6TH TERRACE**
CITY-ST-ZIP **MIAMI, FL 33182**

TITLE **VP** ☒ **Delete**
NAME **PEREZ, DALIA**
STREET ADDRESS **6450 SW 18TH TER.**
CITY-ST-ZIP **MIAMI FL 33155**

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

TITLE **S** ☐ **Delete**
NAME **PEREZ, VIVIAN**
STREET ADDRESS **13117 NW 6TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33182**

TITLE **PT** ☒ **Change** ☐ **Addition**
NAME **PEREZ, VIVIAN**
STREET ADDRESS **13117 N.W. 6TH TERRACE**
CITY-ST-ZIP **MIAMI, FL 33182**

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

TITLE **VP S** ☐ **Change** ☒ **Addition**
NAME **PEREZ, NATALIE**
STREET ADDRESS **13117 N.W. 6TH TERRACE**
CITY-ST-ZIP **MIAMI, FL 33182**

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

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

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

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
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 Block 12 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

4-27-02 **305 552-5720**
Date **Daytime Phone #**

CR2E034 (9/01)