

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000012807

1. Entity Name
PELFER EXTERMINATORS, CORP.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90023 028 ***150.00

Principal Place of Business
**3391 SW 129 AVENUE
MIAMI FL 33175**

Mailing Address
**3391 SW 129 AVENUE
MIAMI FL 33175**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0639418**

Applied For

Not Applicable

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

**DOMINGUEZ, EFRAIN
11410 N KENDALL DRIVE
SUITE 302
MIAMI FL**

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, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ALONSO, NILDA 3391 SW 129 AVENUE MIAMI FL 33175	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROMERO, RUBEN 932 NW 5TH ST MIAMI FL 32128	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROMERO, ANGEL L 15220 DURNFOR DR MIAMI LAKES FL 33104	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEONART, VICTOR 9921 NW 26TH STREET MIAMI FL 33172	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PEREZ, ANDRES A 5875 W 20TH AVE APT 209 HIALEAH FL 33018	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PEREZ, JOSE I 5700 SW 127TH AVE APT 1105 MIAMI FL 33183	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. GILBERT QUILES 3345 SW 96 AVE MIAMI, FL 33165	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E034 (10/00)