## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 07, 2001 8:00 am Secretary of State DOCUMENT # P96000013895 GOMEZ LAWN SERVICE, INC. 04-07-2001 90028 022 \*\*\*150.00 Principal Place of Business Mailing Address 16050 NE 9TH PLACE 16050 NE 9TH PLACE NORHT MIAMI BEACH FL 33162 NORHT MIAMI BEACH FL 33162 D0032629 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4, FEI Number 65-0649440 Not Applicable Zip Country Country \$8.75 Additional. 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOMEZ, JULIO Street Address (P.O. Box Number is Not Acceptable) 16050 NE 9TH PLACE **NORTH MIAMI BEACH FL 33162** City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) TITLE ☐ Delete ☐ Change ☐ Addition GOMEZ, JULIO NAME NAME 16050 NE 9TH PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33162** CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE GOMEZ, CESAR E NAME NAME 16050 NE 9TH PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33162 CITY-ST-ZIP TITLE ☐ Addition TÍTLE ∵ 🔲 Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS 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 eath; 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.

Julio Gomez-

INTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

SIGNATURE AND

President

02 - 23 - 01

305-353-8599

Daytime Phone #