

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #P96000088934

1. Entity Name

ENVIRORULES, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90216 030 ***150.00

00044434

Principal Place of Business Mailing Address
13400 S.W. 62 STREET 13400 S.W. 62 STREET
UNIT A-101 UNIT A-101
MIAMI-FL 33183 MIAMI-FL 33183

2. Principal Place of Business
13400 SW 62 STREET # A-101

3. Mailing Address

Suite, Apt. #, etc.
MIAMI-FL

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0708867

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEBORAH, TRAIKOVIC
14627 S.W. 112 STREET
MIAMI-FL 33186

Name

DEBORAH, TRAIKOVIC

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

13400 S.W. 62 STREET UNIT A-101

City

MIAMI

FL

Zip Code

33183

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

DEBORAH, TRAIKOVIC

(NOTE: Registered Agent signature required when reinstating)

DATE

3-21-00

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, 2000 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 D/P/S ☐ Delete
NAME DEBORAH, TRAIKOVIC
STREET ADDRESS 14627 S.W. 112 STREET
CITY-ST-ZIP MIAMI-FL 33186

TITLE D/P/S ☒ Change ☐ Addition
NAME DEBORAH, TRAIKOVIC
STREET ADDRESS 13400 S.W. 62 STREET UNIT A-101
CITY-ST-ZIP MIAMI-FL 33183

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
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TITLE ☐ Delete
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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 I've empowered.

SIGNATURE:

DEBORAH, TRAIKOVIC

3-21-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #