## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 28, 2000 8:00 am Secretary of State DOCUMENT # P97000021434 1. Entity Name JERRY & JERRY PROPERTY CARE, INC. 01-28-2000 90079 002 \*\*\*150.00 Principal Place of Business Mailing Address 16919 NW 57TH AVE 16919 NW 57TH AVE MIAMI FL 33055-3921 MIAMI FL 33055 B0005549 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0737957 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent-6:-Name and Address of Current Registered Agent Name MORAITIS, GEORGE Street Address (P.O. Box Number is Not Acceptable) 16919 NW 57TH AVE **MIAMI FL 33055** City Zip Code FI 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 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 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/99) ☐ Change □ Addition TITLE ☐ Delete TITLE NAME NAME GIAMPAOLO, SR. J STREET ADDRESS STREET ADDRESS 11621 NW 58TH PL CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33012 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME GIAMPAOLO, JR. J NAME STREET ADDRESS STREET ADDRESS 442 E 56TH ST CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL\_33013 - Change - Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI.E Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE HITLE NAME .:::::::: vDD0ESS STREET ADDRESS CITY-ST-ZIP ST-ZIP

changed, or on an attac ament with an address, with all other like empowered. Jerome 6: 4mpgolo S. Prosident 1-13-00 305 8234257 SIGNATURE: OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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