

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000061463

1. Entity Name

G. Suarez Septic Services, Inc.

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

05-08-2000 90188 046 ***150.00

Principal Place of Business

Miami-Dade County

Mailing Address

10651 North Kendall Drive
Suite 205
Miami, Florida 33176

2. Principal Place of Business

Miami-Dade County

Suite, Apt. #, etc.

3. Mailing Address

10651 N. Kendall Dr. #205

Suite, Apt. #, etc.

City & State

Zip

Country

USA

City & State

Miami, Florida 33176

Zip

Country

USA

6. Name and Address of Current Registered Agent

Jeanette Hernandez-Suarez, Esquire
Hernandez-Suarez & Associates, P.A.
10651 North Kendall Drive, Suite 205
Miami, Florida 33176

4. FEI Number

65-0784396

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of New Registered Agent

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, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
Guillermo Suarez, Jr.
10651 N. Kendall Dr. #205
Miami, Florida 33176

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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☐ 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:

Guillermo Suarez, Jr., President

4/25/00

(305) 596-1044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)