

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000064748

1. Entity Name

SUPER LAWN MAINTENANCE, INC.

**FILED**  
May 16, 2000 8:00 am  
Secretary of State

05-16-2000 90170 008 \*\*\*158.75

Principal Place of Business

Mailing Address

2617 W 70 STREET  
HIALEAH FL 33016

2617 W 70 STREET  
HIALEAH FL 33166-3841

2. Principal Place of Business

\* 1200 RAVEN AVE.

3. Mailing Address

\* 1200 RAVEN AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Springs, FL

City & State

Miami Springs, FL

4. FEI Number

65-0772383

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

33166

Country

USA

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

HERVIS, JUAN CARLOS  
2617 W 70 STREET  
HIALEAH FL 33016

Name

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

1200 RAVEN AVE.

City

Miami Springs

FL

Zip Code

33166

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



Juan Carlos Hervis

4-26-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	HERVIS, JUAN CARLOS	
STREET ADDRESS	2617 W 70 STREET	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERVIS, LOURDES R	
STREET ADDRESS	2617 W 70 STREET	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1200 RAVEN AVE.	
STREET ADDRESS	Miami Springs, FL	
CITY-ST-ZIP	33166	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1200 RAVEN AVE.	
STREET ADDRESS	Miami Springs, FL	
CITY-ST-ZIP	33166	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:

 Juan Carlos Hervis

Date

Daytime Phone #

(305)  
326-0923

CR2E034 (9/99)