

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000019591

1. Entity Name

ISLAND FENCE OF FLORIDA, INC.

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90070 042 \*\*\*150.00

Principal Place of Business

Mailing Address

355 WEST 21ST STREET  
HIALEAH FL 33010

355 WEST 21ST STREET  
HIALEAH FL 33010-2518

2. Principal Place of Business

711 E. OKEECHOBEE RD

3. Mailing Address

711 E. OKEECHOBEE RD

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

HIALEAH, FL

City & State

HIALEAH, FL

4. FEI Number

65-0817840

Applied For

Not Applicable

Zip

33010

Country

U.S.A

Zip

33010

Country

U.S.A

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PASCAL, EVELYN L  
355 WEST 21ST STREET  
HIALEAH FL 33010

7. Name and Address of New Registered Agent

Name  
EVELYN L. PASCAL

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

711 E. OKEECHOBEE RD

City

HIALEAH

FL

Zip Code  
33010

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  
DP  
PASCAL, EVELYN L  
355 WEST 21ST STREET  
HIALEAH FL 33010 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
LOPEZ, PLACIDO A  
355 WEST 21ST STREET  
HIALEAH FL 33010 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
LOPEZ, NESTOR  
355 WEST 21ST STREET  
HIALEAH FL 33010 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
EVELYN LOPEZ PASCAL  
711 E. OKEECHOBEE RD  
HIALEAH, FL 33010 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
PLACIDO A. LOPEZ  
711 E. OKEECHOBEE RD  
HIALEAH, FL 33010 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
NESTOR G. LOPEZ  
711 E OKEECHOBEE RD  
HIALEAH, FL 33010 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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:

*Evelyn L. Pascal*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EVELYN L. PASCAL

PRES. 3/22/00

305.888.9090

Date

Daytime Phone #

CR2E034 (9/99)