

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91894 035 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000022363

1. Entity Name
SHORTY'S LAWN SERVICE, INC.



Principal Place of Business
4820 SW 98TH AVE RD
MIAMI, FL 33165

Mailing Address
4820 SW 98TH AVE RD
MIAMI, FL 33165

2. Principal Place of Business
1141 SW 105th AVE

3. Mailing Address
1141 SW 105th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

504

504

City & State

City & State

MIAMI, FLORIDA

MIAMI, FLORIDA

Zip

Country

Zip

Country

33174

USA

33174

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0819299

Applied For

Not Applicable

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

RUGAMA, JUAN
4820 SW 98TH AVE RD
MIAMI, FL 33165

Name

RUGAMA, JUAN

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

1141 SW 105th AVE #504

City

MIAMI

FL

Zip Code

33174

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

JUAN RUGAMA

JUAN RUGAMA

4/29/03

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RUGAMA, JUAN
4820 SW 98TH AVE RD
MIAMI, FL 33165

TITLE
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JUAN RUGAMA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN RUGAMA

Date

Daytime Phone #

4/29/03 (301) 225-6584

CR2E034 (10/02)