

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.
504

City & State
MIAMI, FLORIDA

Zip
33174 Country
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
 RUGAMA, JUAN
 4820 SW 98TH AVE RD
 MIAMI, FL 33165

7. Name and Address of New Registered Agent
 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* DATE *4/29/03*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUGAMA, JUAN	NAME	
STREET ADDRESS	4820 SW 98TH AVE RD	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33165	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 P.* DATE: *4/29/03* (301) 225-6584

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)