

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000074626

1. Entity Name

SOUTH LAWN SERVICE, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90265 041 ***150.00

Principal Place of Business Mailing Address
~~4480 PALM AVE. APT. 308~~ ~~4480 PALM AVE. APT. 308~~
~~HIALEAH FL 33012~~ ~~HIALEAH FL 33012 4054~~
267 E 45 ST 267 E 45 ST
HIALEAH, FL 33013 HIALEAH, FL 33013

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State

Zip Country Zip Country

4. FEI Number 65-0888407 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

MARTINEZ, AVELINO
4480 PALM AVE. APT. 308
HIALEAH FL 33012

Name
Street Address (P.O. Box Number is Not Acceptable)
267 E 45 ST
City HIALEAH FL Zip Code 33013

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

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 ☐ Delete
NAME DPT
STREET ADDRESS MARTINEZ, AVELINO
CITY-ST-ZIP 4480 PALM AVE. APT. 308
HIALEAH FL 33012

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 267 E 45 ST
CITY-ST-ZIP HIALEAH, FL 33013

TITLE ☐ Delete
NAME DS
STREET ADDRESS MARTINEZ, JESUS
CITY-ST-ZIP 4480 PALM AVE #308
HIALEAH FL 33012

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 267 E 45 ST
CITY-ST-ZIP HIALEAH, FL 33013

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 information provided.

SIGNATURE: *Abelino Martinez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-31-2000
Date Daytime Phone #

CR2E034 (9/99)