

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90113 020 \*\*\*150.00

0146104 AV

**DOCUMENT # P98000074626**

1. Entity Name  
**SOUTH LAWN SERVICE, INC.**



Principal Place of Business  
**295 WEST 51 STREET  
HIALEAH FL 33012**

Mailing Address  
**295 WEST 51 STREET  
HIALEAH FL 33012**

2. Principal Place of Business

**same**

3. Mailing Address

**P.O. Box 22694**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Hialeah, Florida**

4. FEI Number **65-0888407**

Applied For  
Not Applicable

Zip

Country

Zip **33002-2694**

Country **USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MARTINEZ, AVELINO  
295 WEST 51 STREET  
HIALEAH FL 33012**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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 \_\_\_\_\_ (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 **DPT** ☐ Delete  
NAME **MARTINEZ, AVELINO**  
STREET ADDRESS **295 WEST 51 STREET**  
CITY-ST-ZIP **HIALEAH FL 33012**

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

TITLE **DS** ☒ Delete  
NAME **MARTINEZ, JESUS**  
STREET ADDRESS **267 E 45 STREET**  
CITY-ST-ZIP **HIALEAH FL 33013**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: **Abelin Martinez** **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/14/03** **(305) 826-0152**  
Date Daytime Phone #

CR2E034 (10/02)