2001 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG -2 PM 4:40

DOCUMENT # P99000009862

1. Entity Name
the Builders Pest Control & Inspection

Principal Place of Business | Mailing Address
1131 West 45 Place
Hialeah, Florida 33012

900004524439--0
-08/08/01--01059--006
*****61.25 *****61.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Same as	13538 SW 59 Terrace
Suite, Apt. #, etc. above	Suite, Apt. #, etc.
City & State	City & State Miami, Fl.
Zip / Country	Zip 33182 Country USA

4. FEI Number 65-0882879 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

Ailil Gonzalez
13538 SW 59 Terrace
Miami, Fl. 33182

7. Name and Address of New Registered Agent

Name: ALINA Delgado
Street Address (P.O. Box Number is Not Acceptable): 3214 SW 175 Avenue
City: MIRAMAR FL Zip Code: 33029

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: Alina C. Delgado [signature] DATE: 7/17/01

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, 2001 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	Director/President ☒ Delete	TITLE	Director ☐ Change ☒ Addition
NAME	Ailil Gonzalez	NAME	Alina Delgado
STREET ADDRESS	3214 SW 175 Avenue	STREET ADDRESS	3214 SW 175 Avenue
CITY-ST-ZIP	Miramar, Fl. 33029	CITY-ST-ZIP	MIRAMAR, Fl. 33029
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	SP
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (11/00)

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: Alina C. Delgado [signature] 7/17/01 (305) 613-1777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #