

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90015 021 ***150.00

DOCUMENT # P99000017527

1. Entry Name

UTUADO LAWN SERVICE INC

Principal Place of Business

Mailing Address

6445 PERRY STREET
 HOLLYWOOD FL 33024

D0057330

DO NOT WRITE IN THIS SPACE

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

65-0898878

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

LUIS A ALBARRAN
 6445 PERRY STREET
 HOLLYWOOD FL 33024

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.

SIGNATURE

Signature, typed or printed name of registered agent and fee (if applicable)

(If not)

Registered Agent signature required when re-issuing

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!
After MAY 11, 2001
FEES: \$150.00
11 Fee will be \$550.00
to Department of State
(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
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP
 PRESIDENT
 LUIS A ALBARRAN
 6445 PERRY STREET
 HOLLYWOOD FL 33024 ☐ Delete

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

TITLE
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☐ Change ☐ Addition

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 is 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: Luis A. Albarran

06/01/01

(954) 444-2285

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, RECEIVING OFFICER

Date

Phone (Area Code)

CR2E034 (11/00)