

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065152

1. Entity Name

U.S. TREE SERVICE, INC.

Principal Place of Business

117 SOUTHEAST 3 AVENUE
MIAMI FL 33131

Mailing Address

PO BOX 565190
MIAMI FL 33256

2. Principal Place of Business

17250 SW 192 St
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

Country

33187 US

4. FEI Number

65-0935014

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, KAREN
117 SOUTHEAST 3 AVENUE
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

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

17250 SW 192 St

City

Miami

FL

Zip Code

33187

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

Karen Davis Karen DAVIS

4/25/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE PD
NAME DAVIS, KAREN
STREET ADDRESS 117 SOUTHEAST 3 AVENUE
CITY-ST-ZIP MIAMI FL 33131

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 17250 SW 192 St
CITY-ST-ZIP MIAMI FL 33187

☒ Change

☐ Addition

TITLE
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☐ 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 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:

Karen Davis Karen DAVIS, Director

Date

4/25/01 305-233-3196

Daytime Phone #

CR2E034 (10/00)

0240480



DO NOT WRITE IN THIS SPACE