

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000068060

1. Entity Name

SERVICE FLORIDA GROUP, INC.

Principal Place of Business

11960 N.W. 27TH STREET  
PLANTATION FL 33323

Mailing Address

11960 N.W. 27TH STREET  
PLANTATION FL 33323-1760

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MONTERROSA, ROSA M.  
11960 N.W. 27TH STREET  
PLANTATION FL 33323

7. Name and Address of New Registered Agent

Name

ROSA M. MONTERROSA

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

11960 N.W. 27 ST

City PLANTATION

FL

Zip Code

33323

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 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, 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

TITLE PRESIDENT  
NAME ROSA M. MONTERROSA  
STREET ADDRESS 11960 N.W. 27 ST  
CITY-ST-ZIP PLANTATION FL 33323

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jun 21, 2000 8:00 am  
Secretary of State

05-17-2000 90878 022 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0921232 Applied For Not Applicable

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