

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000078317

1. Entity Name
MILLENNIUM LAWN SERVICE, INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90117 030 ***150.00

Principal Place of Business

Mailing Address

8000 N.W. 75TH AVENUE
TAMARAC, FL 33321

8000 N.W. 75TH AVENUE
TAMARAC FL 33321

2. Principal Place of Business

3. Mailing Address

7840 NW 53 CT

7840 NW 53 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lauderhill, FL

Lauderhill FL

Zip

Country

Zip

Country

33351

USA

33351

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALFARO, MARIO A
8000 N.W. 75TH AVENUE
TAMARAC FL 33321

Name

Mario A Alfaro

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

7840 NW 53 CT

City

Lauderhill

FL

Zip Code

33351

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.

Mario Alfaro President

4/12/01

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

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 P
NAME ALFARO, MARIO A
STREET ADDRESS 8000 NW 75 AVE
CITY-ST-ZIP TAMARAC FL 33321

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE P
NAME ALFARO, MARIO A
STREET ADDRESS 7840 NW 53 CT
CITY-ST-ZIP Laudershill FL 33351

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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CITY-ST-ZIP

Change Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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

Mario A. Alfaro P.

4/12/01

Date

9545222061

Daytime Phone #

CR2E034 (10/00)