2000 UNIFORM BUSINESS REPORT (UBR)

FILED Sep 18, 2000 8:00 am Secretary of State DOCUMENT # **P99000087395** HSR LAWN SERVICE CORPORATION 09-18-2000 90019 021 ***150.00 Principal Place of Business Mailing Address 6051 SOUTHWEST 152ND PLACE 6051 SOUTHWEST 152ND PLACE MIAMI FL 33193 MIAMI FL 33193 LEGGIUUN 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CAND CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change Addition ☐ Delete TITLE TITLE NAME SAN ROMAN, HECTOR NAME STREET ADDRESS STREET ADDRESS 6051 SOUTHWEST 152ND PLACE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33193** Delete Change ☐ Addition TITLE TITLE NAME SAN ROMAN, DORIS NAME STREET ADDRESS 6051 SOUTHWEST 152ND PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33193 ☐ Defete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 TYPES OR PRINTED NAME OF SIGNING OF

Alfachment # pg 9000087395 A0078893

HSR Lawn Service Corporation

6051 Southwest 152nd Place Miami FL 33193

Phone (305) 387-8888

September 12, 2000

Florida Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

RE: Uniform Business Report

Gentlemen,

As per your instructions, enclosed is your 2000 (UBR) and a money order in the amount of \$150.00 to cover your fees. The first request was not received so we are asking to please waived the late fee.

Thank you for your cooperation.

Sincerely,

Hector-San Roman

President

HSR/jgg