

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90344 001 ***150.00
 01-24-2002 90344 002 *****8.75

DOCUMENT # P99000096232

1. Entity Name
EL TRAPICHE MOWING SERVICES, INC.

Principal Place of Business
17220 SW 301 ST.
HOMESTEAD FL 33030

Mailing Address
17220 SW 301 ST.
HOMESTEAD FL 33030

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 **65-0955414**

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

AMEZQUITA, JUAN M
17220 SW 301 ST.
HOMESTEAD FL 33030

Name **Rosa Amezguita**
 Street Address (P.O. Box Number is Not Acceptable)
17220 SW 301 St.
 City **Homestead** **FL** Zip Code **33030**

8. Registered entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **Rosa Amezguita President**
 Signature, typed or printed name of registered agent and title if applicable.

1-08-2002
 DATE

(NOTE: Registered Agent signature required when reinstating)

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | AMEZQUITA, JUAN M | |
| STREET ADDRESS | 17220 SW 301 ST. | |
| CITY-ST-ZIP | HOMESTEAD FL 33030 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MONTE, ENRIQUE | |
| STREET ADDRESS | 1657 SW 2 COURT | |
| CITY-ST-ZIP | HOMESTEAD FL 33030 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: **Suan Amezguita President**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-08-2002 305-345-1976
 Date Daytime Phone #

CR2E034 (9/01)