2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3. Mailing Address

City & State

Ζip

Suite, Apt. #, etc.

8821 NW 15 STREET

PEMBROKE PINES FL 33024

DOCUMENT # **P99000096608**

1. Entity Name

Principal Place of Business

PEMBROKE PINES FL 33024

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

11.

TITLE

NAME

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NAME

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NAME STREET ADDRESS

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NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

8821 NW 15 STREET

SUNSWEPT LAWN MAINTENANCE INC.

Country

RODRIGUEZ, ALEXANDER

9. This corporation is eligible to satisfy its Intangible

RODRIGUEZ, ALEXANDER

PEMBROKE PINES FL 33024

PEMBROKE PINES FL 33024

8821 NW 15 STREET

RODRIGUEZ, RAMSEY

8821 NW 15 STREET

NAVARRO, REINALDO

14248 SW 47 TERR.

MIAMI FL 33175

Tax filing requirement and elects to do so.

(See criteria on back)

8821 NW 15 STREET PEMBROKE PINES FL 33024

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS



Country

FILE NOW!!! FEE IS \$550.00.2

Make Check Payable to Department of State

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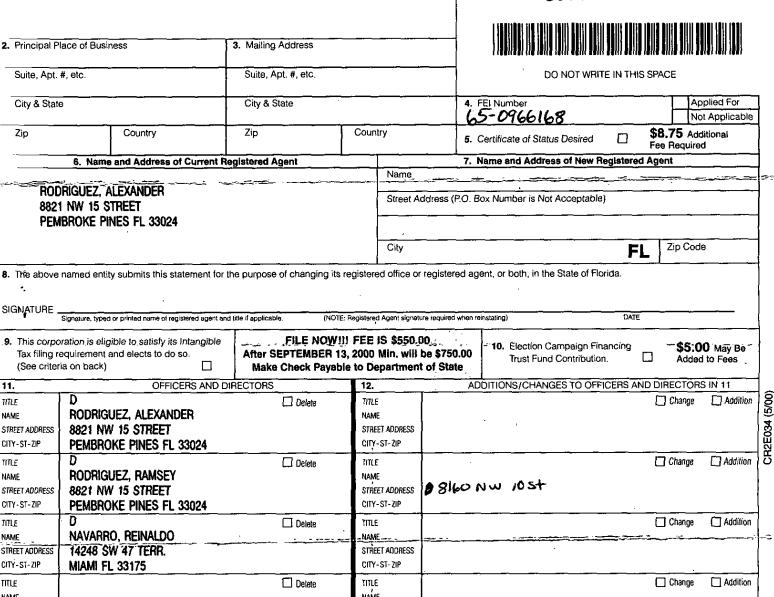
CITY-ST-ZIP

City

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

08-21-2000 90212 046 ***550.00

N0080059



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:

Change

☐ Change

Addition

Addition