

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State
 04-17-2001 90091 050 ***150.00

0607239

DOCUMENT # P99000103083

1. Entity Name

HIDROJET SERVICE II, INC.

Principal Place of Business

2699 W 79 ST
 BAY 4
 HIALEAH FL 33016

Mailing Address

P O BOX 550131
 FT LAUDERDALE FL 33355

2. Principal Place of Business

7255 NW 68 ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

4. FEI Number

65-0966374

Applied For

Not Applicable

Zip

33166

Country

E.E.U.U

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARRA, JOSE M
6460 NW 72 WAY
PARKLAND FL 33067

7. Name and Address of New Registered Agent

Name

Parra, Jose M.

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

10960 SW 15 ST. Apt. 105

City

Pembroke Pines

FL

Zip Code

33025

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]

Jose Parra

President

04/13/01

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, 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

TITLE **PD** ☐ Delete
 NAME **PARRA, JOSE M**
 STREET ADDRESS **6460 NW 72 WAY**
 CITY-ST-ZIP **PARKLAND FL 33067**

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Change ☐ Addition
 NAME **Parra, Jose M.**
 STREET ADDRESS **10960 SW 15 ST Apt. 105**
 CITY-ST-ZIP **Pembroke Pines, FL 33025**

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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]

Jose Parra

President

04/13/01 4126061

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)