

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106531

1. Entity Name

SCOTT'S BUILDING MAINTENANCE OF PUERTO RICO, INC

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90030 017 ***150.00

Principal Place of Business

Mailing Address

13899 BISCAYNE BLVD.
SUITE 404
MIAMI FL 33181

13899 BISCAYNE BLVD.
SUITE 404
MIAMI FL 33181

2. Principal Place of Business

16900 NE 19TH AVENUE

Suite, Apt. #, etc.

3. Mailing Address

16900 NE 19TH AVENUE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

N. MIAMI BCH, FL 33162

City & State

N. MIAMI BCH, FL 33162

4. FEI Number

65-0846842

Applied For

Not Applicable

Zip

33162

Country

USA

Zip

33162

Country

USA

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

LIPSON, STUART A ESQ.
13899 BISCAYNE BLVD.
SUITE 404
MIAMI FL 33181

Name

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

16900 NE 19TH AVENUE

City N. MIAMI BEACH

FL

Zip Code
33162

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

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, 2000 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 ☐ Delete
NAME **D**
STREET ADDRESS **HIETT, DONNA**
CITY-ST-ZIP **13899 BISCAYNE BLVD.#404**
MIAMI FL 33181

TITLE ☒ Change ☐ Addition
NAME **DP**
STREET ADDRESS **HIETT, DONNA**
CITY-ST-ZIP **16900 NE 19TH AVENUE**
N. MIAMI BCH, FL 33162

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 *Donna Hiett*

DONNA HIETT

4/27/00

(305)947-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)