

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90011 030 ***550.00

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DOCUMENT # P99000109900

1. Entity Name
CITY LAWNMOWER OF HIALEAH, INC.

Principal Place of Business
4190 E. 4 AVE.
HIALEAH FL 33013

Mailing Address
4190 E. 4 AVE.
HIALEAH FL 33013

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number
65-0970783

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JIMENEZ, JUAN F
4280 SW 137 AVE.
MIRAMAR FL 33027

7. Name and Address of New Registered Agent
Name: JUAN F. JIMENEZ
Street Address (P.O. Box Number is Not Acceptable)
8551 NW 7 CT
City: Pembroke Pine FL Zip Code: 33224

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]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 09-06-01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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: P
NAME: JIMENEZ, JUAN F
STREET ADDRESS: 4280 SW 137 AVE.
CITY-ST-ZIP: MIRAMAR FL 33027
Delete ☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
Change ☐ Addition ☐

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 09-06-01 DAYTIME PHONE #: