

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90105 014 ***150.00

DOCUMENT # **S15109**

1. Entity Name

Automatic Rain Sprinkler Systems

Principal Place of Business

Mailing Address

**8280 Northwest 177TH Street
Hialeah FL 33015**

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

65 022 9983

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Automatic Rain Sprinkler Systems

Name

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

**8280 Northwest 177TH Street
Hialeah FL 33015**

City

FL

Zip Code

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 terminating)

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 \$138.00
After MAY 1, 2000 Fee will be \$558.00
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 NAME ☐ Delete
Porfilio Ramirez
STREET ADDRESS **8280 Northwest 177TH Street**
CITY-STATE-ZIP **Hialeah FL 33015**

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

TITLE NAME ☐ Delete
SUSANNE RYMIER
STREET ADDRESS **8280 Northwest 177TH Street**
CITY-STATE-ZIP **Hialeah FL 33015**

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

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

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TITLE NAME ☐ Delete
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CITY-STATE-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-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 807, 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: **Philip Ramirez**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-2000

DATE

P-02/02

EMPIRE CORPORATE KIT

MAY-28-2000 13:30

CR2034 (9/89)