2001 UNIFORM BUSINESS REPORT (UBR)

Mar 22, 2001 8:00 am **DOCUMENT # V64835 Secretary of State** BROTHERS LAWN SERVICE CORP. 03-22-2001 90041 020 ***150.00 Principal Place of Business Mailing Address 4350 BAILEY RD 4350 BAILEY RD FT. LAUDERDALE FL 33319 FT. LAUDERDALE FL 33319 2. Principal Place of Business 3. Mailing Address 15887 NW 16 ST. <u>15887 NW</u> Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE PCity & State City & State Applied For 4. FEI Number 65-0358235 <u>embroke</u> Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Kelvin SOTO, CARLOS M. Street Address (P.O. Box Number is Not Acceptable 4350 BAILEY ROAD FORT LAUDERDALE FL 33319 15887 N.W. 16 ST. 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 3-15-01 stered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PVPS** TITLE TITLE Delete Kelvin Boodoo T. Pembroke lines 15887 NW. 16 ST. Pembroke lines SOTOS, CARLOS M. NAME NAME STREET ADDRESS STREET ADDRESS 4350 BAILEY ROAD CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete _TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

CITY-ST-7IP