

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90560 037 \*\*\*158.75

**DOCUMENT # F93000001430**

1. Entity Name  
**SERVICIOS AVENSA S.A.**

Principal Place of Business

**2360 NW 66TH AVE.  
 BLDG. 701 STE 260  
 MIAMI FL 33122  
 US**

Mailing Address

**P.O. BOX ~~520612~~  
 MIAMI FL 33152  
 US**

2. Principal Place of Business

3. Mailing Address

**PO Box 523968**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Miami, FL**

4. FEI Number **65-0274782**

Applied For  
 Not Applicable

Zip Country

**33152 US**

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

**VERA, VIVIAN  
 4343 WEST FLAGLER STREET  
 SUITE 102  
 MIAMI FL 33134**

Name

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

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 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, 2002 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 **CP**  
 STREET ADDRESS **BOULTON, HENRY L**  
 CITY-ST-ZIP **TORRE EL CHORRO, PISO 13 AV. UNIVERSIDAD CARACAS, VENEZUELA**

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

TITLE ☐ Delete  
 NAME **DS**  
 STREET ADDRESS **TERIUS, JOSE**  
 CITY-ST-ZIP **TORRE EL CHORRO, PISO 13 AV. UNIVERSIDAD CARACAS, VENEZUELA**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **FERNANDEZ, SANTIAGO**  
 CITY-ST-ZIP **TORRE EL CHORRO, PISO 13 AV. UNIVERSIDAD CARACAS, VENEZUELA**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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:

**Servicios AvenSA S.A.**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/24/02**

**305-871-5768**

CR2E034 (9/01)