

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 18, 2002 8:00 am**  
**Secretary of State**

01-18-2002 90001 030 \*\*\*158.75

**DOCUMENT # F96000000429**

1. Entity Name  
**SERBRIE LTEE**

Principal Place of Business  
**2844 LEBLOND ST**  
**BELOEUIL**  
**FLEURIMONT PC CA J1G- 381**

Mailing Address  
**4800 NW 35ST**  
**LAUDERDALE LAKE FL 33319**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**4800 NW 35 ST**  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.  
**APT # 513K**

City & State  
**LAUDERDALES LAKES**  
 Zip  
**33319**

City & State  
 Country  
**BROWARD**

4. FEI Number  
**98-0156495**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GINGRAS, JOSEPH B**  
**4800 NW 35 ST APT 513K**  
**LAUDERDALE LAKE FL 33319**

**7. Name and Address of New Registered Agent**

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 **JOSEPH B GINGRAS**  
 Signature, typed or printed name of registered agent and title if applicable.

*Joseph B Gingras*  
 (NOTE: Registered Agent signature required when reinstating)

**01/08/2002**  
 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
C	GINGRAS, BERTRAND	2370 SW 51 PL	FT LAUDERDALE FL 33312	<input type="checkbox"/>
PM	GINGRAS, BERTRAND	2370 SW 51 PL	FT LAUDERDALE FL 33312	<input type="checkbox"/>
VST	GAGNON, MARIETTE	2370 SW 51 PL	FT LAUDERDALE FL 33312	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		4800 NW 35ST APT 513K	LAUD LAKES FL 33319	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		4800 NW 35 ST APT 513K	LAUD LAKES FL 33319	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VST	GINGRAS JOSEPH B	4800 NW 35 ST APT 513K	FT LAUDERDALE FL 33319	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Joseph B Gingras*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/08/2002** Date **954-7307095** Daytime Phone #

CF2E034 (9/01)