

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90779 005 ***150.00

DOCUMENT # **P000000012028**

1. Entity Name
ServiBrasil, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9320 Fontainebleau Blvd

Suite, Apt. #, etc.
Suite 202

City & State
Miami, FL

Zip
33172

Country
USA

3. Mailing Address
9320 Fontainebleau Blvd

Suite, Apt. #, etc.
Suite 202

City & State
Miami, FL

Zip
33172

Country
USA

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4. FEI Number
52-2219853

Applied For
 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Steven A. Vajda**

Street Address (P.O. Box Number is Not Acceptable)
9320 Fontainebleau Blvd

Suite 202

City **Miami**

FL Zip Code **33172**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 **Steven A. Vajda**
STREET ADDRESS **9320 Fontainebleau Blvd, Suite 202**
CITY-ST-ZIP **Miami, FL 33172**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **St A Vajda Steven A. Vajda**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **March 12, 2002** (305) 223-5736
Daytime Phone #

CR2E034B (12/01)