

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 18, 2001 8:00 am
Secretary of State

06-18-2001 90002 042 ***150.00

DOCUMENT # P00000079682
1. Entity Name
 SERPREFA U.S.A., CORP. UR

Principal Place of Business 422 W. 69 PLACE
 HIALEAH, FL 33014
Mailing Address 422 W. 69 PL
 HIALEAH, FL 33014

2. Principal Place of Business SAME
3. Mailing Address SAME
 Suite, Apt. #, etc. _____
 City & State _____
 Zip _____ Country _____



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1034488
 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MARCO BUCCHIA
 422 W. 69 PL
 HIALEAH, FL 33014

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ 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 _____ 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)

FILE IN FEB 5 \$150.00
 AER MAY 1 2001 Fee will be \$590.00
 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		
TITLE	DD	<input type="checkbox"/> Delete
NAME	CARMEN BUCCHIA	
STREET ADDRESS	422 W. 69 PLACE	
CITY-ST-ZIP	HIALEAH, FL 33014	
TITLE	VPO	<input type="checkbox"/> Delete
NAME	FRANCIS GONZALES	
STREET ADDRESS	422 W. 69 PLACE	
CITY-ST-ZIP	HIALEAH, FL 33014	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARCO BUCCHIA	
STREET ADDRESS	422 W. 69 PLACE	
CITY-ST-ZIP	HIALEAH, FL 33014	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Carmen Bucchia 6/11/01 305-698-9178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, mo Phone #

B0039209
DH# P00000079682

Srs.

According with the conversation
with HALEAH CHAMBERS OF
COMMERCE & INDUSTRIES with
you.

WE SERPREFA USA CORPORATION
DIDNT RESIVE THE APPLICATION
TO PAY MAINTENANCE OF
OUR BUSINES

SO WE ARE NOW SENDING
THE CHECK AND COPI OF
THAT APPLICATION

Sincerely,

Carney Beema