

2001 UNIFORM BUSINESS REPORT (UBR)

0201428

DOCUMENT # P0000091109

FILED

1. Entity Name
SERVILIMPIA, INC.

01 FEB -7 PM 3:34

Principal Place of Business

Mailing Address

~~1731 N.E. 163RD STREET
NORTH MIAMI BEACH FL 33162~~

~~1731 N.E. 163RD STREET
NORTH MIAMI BEACH FL 33162~~

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4834 N. W. 167th. Street,

Suite, Apt. #, etc.
Suite # 103,

City & State
MIAMI LAKES, FLORIDA

Zip
33014

Country
USA

3. Mailing Address

4834 N. W. 167th. Street,

Suite, Apt. #, etc.
Suite # 103,

City & State
MIAMI LAKES, FLORIDA

Zip
33014

Country
USA

4. FEI Number

65-1051700

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BUENDIA, ALVARO
600 BILTMORE WAY
SUITE 205
CORAL GABLES FL 33134**

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 _____ (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, 2001 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
PD	ESCOBAR, PABLO D	1731 N.E. 163RD STREET	NORTH MIAMI BEACH FL 33162	<input type="checkbox"/>
EVD	GIRALDO, CATALINA	1731 N.E. 163RD STREET	NORTH MIAMI BEACH FL 33162	<input type="checkbox"/>
TD	GIRALDO, ALBERTO	1731 N.E. 163RD STREET	NORTH MIAMI BEACH FL 33162	<input checked="" type="checkbox"/>
SD	GIRALDO, CAMILO	1731 N.E. 163RD STREET	NORTH MIAMI BEACH FL 33162	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		4834 N. W. 167th. Street, Suite # 103,	MIAMI LAKES, FLORIDA 33014	<input type="checkbox"/>	<input type="checkbox"/>
S/T/D		4834 N. W. 167th. Street, Suite # 103,	MIAMI LAKES, FLORIDA 33014	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		300003709133--4	-02/19/01--01030--005	<input type="checkbox"/>	<input type="checkbox"/>
		****150.00 ****150.00		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
VPD	RUEDA, AREVALO, GERMAN	4834 N. W. 167th. Street, Suite # 103,	MIAMI LAKES, FLORIDA 33014	<input type="checkbox"/>	<input checked="" 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Pablo D. Escobar, President** Daytime Phone # **(605) 625-2550**

CR2E034 (10/00)