

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2000 8:00 am**  
**Secretary of State**

05-13-2000 90014 025 \*\*\*158.75

**DOCUMENT # P95000092185**

1. Entity Name  
**SERCAS & SONS, INC.**

Principal Place of Business Mailing Address  
**13 MEADOWS PARK LANE 13 MEADOWS PARK LANE**  
**BOYNTON BEACH FL 33462 BOYNTON BEACH FL 33436-9009**  
*33436*

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State 4. FEI Number **59-3345767** Applied For Not Applicable  
 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  
**CASAIN JR, SERGIO** Name  
**13 MEADOWS PARK LANE** Street Address (P.O. Box Number is Not Acceptable)  
**BOYNTON BEACH FL 33462** City **FL** Zip Code  
*33436*

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.  **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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	<b>D</b> <b>CASAIN, SERGIO JR</b> <b>% 13 MEADOWS PARK LANE</b> <b>BOYNTON BEACH FL 33462</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CASAIN, FRANK P</b> <b>% 13 MEADOWS PARK LANE</b> <b>BOYNTON BEACH FL 33462</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CASAIN, WILBERT P</b> <b>303 SOUTH BROUGHTON CT.</b> <b>BOYNTON BEACH FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *X [Signature]* Date: *X 4/28/2000*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)