

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90171 033 ***150.00

DOCUMENT # P97000091153

1. Entity Name
SERVED HOLDINGS, INC.



Principal Place of Business
901 PONCE DE LEON BLVD.
SUITE #601
CORAL GABLES, FL 33134

Mailing Address
901 PONCE DE LEON BLVD.
SUITE #601
CORAL GABLES, FL 33134 US

90032267



2. Principal Place of Business
1643 Brickell Ave.
Suite, Apt. #, etc.
Apt. # 4702
City & State
Miami, Florida

3. Mailing Address
1643 Brickell Ave.
Suite, Apt. #, etc.
Apt. # 4702
City & State
Miami, Florida

CHECK HERE IF MAKING CHANGES

Zip Country
33129 USA

Zip Country
33129 USA

4. FEI Number **65-0824890** Applied For
Not Applicable

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

5. Name and Address of Current Registered Agent
SEGREDO, FRANK J ESQ
901 PONCE DE LEON BLVD
SUITE 601
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent
Name
Miami Corporate Systems, Inc.
Street Address (P.O. Box Number is Not Acceptable)
283 Catalonia Ave., 2nd Floor
City **FL** Zip Code **33134**
Coral Gables

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE **2/19/03**

FILE NOW! FEES \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT RUIZ, EZEQUIEL 901 PONCE DE LEON BLVD SUITE 601 CORAL GABLES, FL 33134	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS BARRIOS, CARMEN 901 PONCE DE LEON BLVD SUITE 601 CORAL GABLES, FL 33134	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Secretary Pablo Ardila Sierra 1643 Brickell Ave., # 4702 Miami, Florida 33129	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Asst. Secretary Jaime Ardila 1643 Brickell Ave., # 4702 Miami, Florida 33129	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Hellen Sierra Jerez 1643 Brickell Ave., # 4702 Miami, Florida 33129	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Ezequiel Ruiz 1643 Brickell Ave., # 4702 Miami, Florida 33129	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Carmen Barrios 1643 Brickell Ave., # 4702 Miami, Florida 33129	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **2/14/2003** Cayman Phone #

CR2E034 (10/02)