

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V66312

1. Entity Name

SERVAN (PHASE I), INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90078 002 ***150.00

Principal Place of Business

2100 PARK CENTRAL BLVD N
STE 900
POMPANO BCH FL 33064
US

Mailing Address

2100 PARK CENTRAL BLVD N
STE 900
POMPANO BCH FL 33064-2242
US

2. Principal Place of Business

2875 NE 191 ST

3. Mailing Address

2875 NE 191 ST

Suite, Apt. #, etc.

PH1

Suite, Apt. #, etc.

PH1

City & State

AVENTURA FL

City & State

AVENTURA FL

Zip

33160

Country

USA

Zip

33160

Country

USA

6. Name and Address of Current Registered Agent

THEODORE J KLEIN, ATTY
88 NE 168 ST
N. MIAMI BCH. FL 33162

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 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

TITLE **DPS** ☐ Delete
NAME **SREDNI, ERWIN**
STREET ADDRESS **2875 NE 191 ST PH1**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02 24 2000 3059450405

Date

Daytime Phone #

CR2F034 (9/99)