

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2001 8:00 am**  
**Secretary of State**

01-24-2001 90080 016 \*\*\*158.75

**DOCUMENT # F96000000429**

1. Entity Name  
**SERBRIE LTEE**

Principal Place of Business

Mailing Address

2844 LEBLOND ST  
 BELOEUIL  
 FLEURIMONT PC CA J1G- 381

2370 SW 51 PL  
 RAVENSWOOD GARDEN  
 FT LAUDERDALE FL 33312

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

4. FEI Number **98-0156495** Applied For ☐ Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GINGRAS, BERTRAND  
 2370 SW 51 PL  
 RAVENSWOOD GARDEN  
 FT LAUDERDALE FL 33312

Name

**JOSEPH B GINGRAS**

Street Address (P.O. Box Number is Not Acceptable)

**4800 NW 35 ST APT 513H**

City

**LAUDERDALE LAKE FL**

Zip Code

**33319**

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

*Joseph B Gingras* **C/PM**

**01/11/01**

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, 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	C	<input type="checkbox"/> Delete
NAME	GINGRAS, BERTRAND	
STREET ADDRESS	2370 SW 51 PL	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE	PM	<input type="checkbox"/> Delete
NAME	GINGRAS, BERTRAND	
STREET ADDRESS	2370 SW 51 PL	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE	VST	<input type="checkbox"/> Delete
NAME	GAGNON, MARIETTE	
STREET ADDRESS	2370 SW 51 PL	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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
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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:

*Joseph B Gingras*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/11/01**

Date

**954-7307095**

Daytime Phone #

CR2E034 (10/00)