

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90145 021 ***150.00

DOCUMENT # P98000062202

1. Entity Name
SERVI-PHONE USA, INC.

Principal Place of Business 20341 NORTHEAST 30TH AVENUE SUITE 117-G AVENTURA FL 33180	Mailing Address 20341 NORTHEAST 30TH AVENUE SUITE 117-G AVENTURA FL 33180
---	---

2. Principal Place of Business 21190 MAIN SAIL CIR.	3. Mailing Address 21190 MAIN SAIL CIR.
Suite, Apt. #, etc. #A-12	Suite, Apt. #, etc. #A-12

City & State AVENTURA, FL	City & State AVENTURA, FL	4. FEI Number 65-0850242	Applied For <input type="checkbox"/> Not Applicable
Zip 33180	Country USA	Zip 33180	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**TRESKUNOV, SEMEN
 1770 NE 191 ST
 #602
 MIAMI FL 33179**

7. Name and Address of New Registered Agent
 Name
TRESKUNOV SEMEN
 Street Address (P.O. Box Number is Not Acceptable)
13448 N.E. 26 AVE. # 73
 City
N. MIAMI BEACH FL Zip Code
33180

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 *Semen Treskunov*
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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD RASKIN, MIKHAIL 20341 NORTHEAST 30TH AVENUE AVENTURA FL 33180	<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"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD RASKIN, MIKHAIL 21190 MAIN SAIL CIR # A-12 AVENTURA, FL 33180	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: *Mikhail Raskin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MIKHAIL RASKIN

Date **01.29.01 (305) 933-1777**
 Daytime Phone #

CR2E034 (10/00)