# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 16, 2002 8:00 am**
**Secretary of State**
01-16-2002 90093 013 ****50.00

DOCUMENT # L00000013848

1. Entity Name

SERVIUSA, LC

| Principal Place of Business | Mailing Address |
|---|---|
| 9746 NW 51ST TERR.<br>MIAMI FL 33178 | 9746 NW 51ST TERR.<br>MIAMI FL 33178 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 9936 NW, 47 Terrace | 9936 NW, 47 Terrace |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Miami, FL | City & State: Miami, FL |
| Zip: 33178 Country: USA | Zip: 33178 Country: USA |

4. FEI Number 65-1068716 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| SPIEGEL & UTRERA, P.A.<br>343 ALMERIA AVENUE<br>CORAL GABLES FL 33134 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $50.00**
**Make Check Payable to Department of State**
**Due By May 1, 2002**

| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>FERNANDEZ MORAN, HUMBERTO OP MAGR<br>9746 NW, 51 TERRACE<br>MIAMI FL 33178 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
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CR2E083 (9/01)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** SIGNATURE REQUIRED January 9, 2002. (786) 331-7114.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #