

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 02, 2002 8:00 am**  
**Secretary of State**

09-02-2002 90047 036 \*\*\*\*50.00

**DOCUMENT # L01000014103**

1. Entity Name  
**SERVITEC, LLC**



Principal Place of Business <b>% EINAR VIVAS IZQUIERDO</b> <b>1531 ESTANCIA CIRCLE</b> <b>FT. LAUDERDALE FL 33327-9999</b>	Mailing Address <b>% EINAR VIVAS IZQUIERDO</b> <b>1531 ESTANCIA CIRCLE</b> <b>FT. LAUDERDALE FL 33327-9999</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number <b>65-1132304</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**IZQUIERDO, EINAR VIVAS**  
**1531 ESTANCIA CIRCLE**  
**FT. LAUDERDALE FL 33327-9999**

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS / MANAGERS		
TITLE <b>MGR</b>	NAME <b>IZQUIERDO, EINAR VIVAS</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>1531 ESTANCIA CIRCLE</b>	CITY-ST-ZIP <b>FT. LAUDERDALE FL 33327-9999</b>	
TITLE <b>MGR</b>	NAME <b>OVIEDO, JUAN A</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>1531 ESTANCIA CIRCLE</b>	CITY-ST-ZIP <b>FT. LAUDERDALE FL 33327-9999</b>	
TITLE <b>MGR</b>	NAME <b>AYERBE, JUAN JOSE</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>1531 ESTANCIA CIRCLE</b>	CITY-ST-ZIP <b>FT. LAUDERDALE FL 33327-9999</b>	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

10. ADDITIONS / CHANGES		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	

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** **08/27/02** **(954) 349-6419**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/02)