

2001 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
Mar 07, 2001 8:00 am
Secretary of State

01-31-2001 90179 018 ***150.00

DOCUMENT # L29054

1. Entity Name

SERVICE MART U.S.A., INC.

Principal Place of Business

**42ND STREET
HOLLYWOOD FL 33312
US**

Mailing Address

**3200 SW 42ND STREET
HOLLYWOOD FL 33312
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0356778

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**YOUNG, PAUL
ONE EAST BREVARD BOULEVARD
FT. LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name

TAMATHA ALVAREZ

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

MAORNO & ZELER, P.A.

888 SE 3rd AVE, SUITE 500

City

FT. LAUDERDALE

FL

Zip Code

33335-9002

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

T. Alvarez

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

TITLE	C	<input type="checkbox"/> Delete
NAME	PERLMAN, ROBERT	
STREET ADDRESS	3200 SW 42ND STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33312	
TITLE	P	<input type="checkbox"/> Delete
NAME	PERLMAN, MICHAEL	
STREET ADDRESS	3200 SW 42ND STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/27/01

954-787-4200

CR2E034 (10/00)