

**2001 UNIFORM BUSINESS REPORT (UBR)**

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

02-01-2001 90037 021 \*\*\*\*61.25

**DOCUMENT # N99000004127**

1. Entity Name

**SIERVAS DE NUESTRO SENOR INC.**

Principal Place of Business

**398 S.W. 79TH COURT  
 MIAMI FL 33144**

Mailing Address

**398 S.W. 79TH COURT  
 MIAMI FL 33144**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0933089**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PORTOCARRERO, ALBA  
 398 S.W. 79TH COURT  
 MIAMI FL 33144**

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.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>PORTOCARRERO, LILY D</b>	
STREET ADDRESS	<b>398 S.W. 79TH COURT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33144</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>PORTOCARRERO, ALBA</b>	
STREET ADDRESS	<b>398 S.W. 79TH COURT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33144</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BELLINE, GERMAN</b>	
STREET ADDRESS	<b>398 S.W. 79TH COURT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33144</b>	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Al Portocarrero* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/01

Date

Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE