

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000000082

1. Entity Name

ASERVIN, INC.

**FILED**  
**Jun 07, 2000 8:00 am**  
**Secretary of State**

06-07-2000 90443 004 \*\*\*158.75

Principal Place of Business

Mailing Address

~~201 SOUTH BISCAYNE BLVD.~~  
~~34TH FLOOR MIAMI CENTER~~  
~~MIAMI FL 33131~~

~~201 SOUTH BISCAYNE BLVD.~~  
~~34TH FLOOR MIAMI CENTER~~  
~~MIAMI FL 33131~~

2. Principal Place of Business

301 SW 17th ROAD

3. Mailing Address

301 SW 17th ROAD

Suite, Apt. #, etc.

3rd FLOOR

Suite, Apt. #, etc.

3rd FLOOR

City & State

MIAMI, FLORIDA 33129

City & State

MIAMI, FLORIDA 33129

Zip

Country

Zip

Country

4. FEI Number

65-0978104

Applied For

Not Applicable

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

FERRELL, SCHULTZ, ET. AL  
201 SOUTH BISCAYNE BLVD.  
34TH FLOOR MIAMI CENTER  
MIAMI FL 33131

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	PD TRIBIN, HUGO	<input type="checkbox"/> Delete
STREET ADDRESS	201 SOUTH BISCAYNE BLVD. 34TH FLOOR	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE NAME	SD TRIBIN, MELBA L	<input type="checkbox"/> Delete
STREET ADDRESS	201 SOUTH BISCAYNE BLVD. 34TH FLOOR	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE NAME	D TRIBIN, PABLO	<input type="checkbox"/> Delete
STREET ADDRESS	201 SOUTH BISCAYNE BLVD. 34TH FLOOR	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	301 SW 17TH ROAD, 3RD FLOOR	
CITY-ST-ZIP	MIAMI, FLORIDA 33129	
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	301 SW 17th ROAD, 3rd FLOOR	
CITY-ST-ZIP	MIAMI, FLORIDA 33129	
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	301 SW 17TH ROAD, 3rd FLOOR	
CITY-ST-ZIP	MIAMI, FLORIDA 33129	
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		

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 #

04/24/00 (305) 860-6988

CR2E034 (9/99)