

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1P-00000001731

1. Entity Name **SERVICIO VENEZOLANO DE TRANSFORMADORES C.A. (USA), INC.**

Principal Place of Business Mailing Address
1055 WEST 29th STREET # 1 "NEW ADDRESS"
HIALEAH, FLORIDA 33012

2. Principal Place of Business 3. Mailing Address
1055 W. 29th STREET Same.

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State
HIALEAH FL

City & State

4. FEI Number
65-1009804

Applied For
Not Applicable

Zip Country
33012 DADE

Zip Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

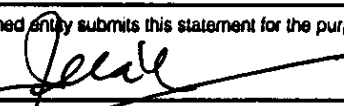
7. Name and Address of New Registered Agent

ANDINO'S RICARDO & CO. INC.
85 GRAND CANAL DR. # 30
MIAMI, FLORIDA 33144

Name RICHARD CHARLES ILLA
Street Address (P.O. Box Number is Not Acceptable)

1055 WEST 29th STE # 1
City HIALEAH FL Zip Code 33012

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  RICHARD CHARLES ILLA 04-09-2001
(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

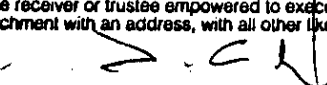
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	☐ Delete
NAME	ISRAEL LEON HEIBER	
STREET ADDRESS	19195 MYSTIC POINT # 1606	
CITY-ST-ZIP	AVENTURA, FLORIDA 33180	
TITLE	VP/D	☐ Delete
NAME	DARIO RAUL HEIBER	
STREET ADDRESS	19195 MYSTIC POINT # 1606	
CITY-ST-ZIP	AVENTURA, FLORIDA 33180	
TITLE	S/D	☐ Delete
NAME	HAYDEE LILIANA HEIBER	
STREET ADDRESS	19195 MYSTIC POINT # 1606	
CITY-ST-ZIP	AVENTURA, FLORIDA 33180	
TITLE	T/D	☒ Delete
NAME	JORGE C. HEIBER	
STREET ADDRESS	TORRE MARACAIBO, AVENIDA	
CITY-ST-ZIP	PISO 7, OFIC. F-6 CARACAS VENEZ.	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ 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

04/09/2001 (305)-728-2160

Date

Daytime Phone #

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90064 018 ***158.75

00049283

CR2034 (10/00)