

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am  
Secretary of State

04-30-2001 90413 030 \*\*\*150.00

DOCUMENT # P00000047893

1. Entity Name

SERVIUNIX, INC.

Principal Place of Business

13499 BISCAYNE BLVD. #212  
NORTH MIAMI FL 33181

Mailing Address

13499 BISCAYNE BLVD. #212  
NORTH MIAMI FL 33181

2. Principal Place of Business

3. Mailing Address

6521 MAYO STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HOLLYWOOD, FLORIDA

Zip

Country

Zip

Country

33023

USA.

4. FEI Number

65-1007113

Applied For

Not Applicable

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

RENDON, CESAR

13499 BISCAYNE BLVD. #212  
NORTH MIAMI FL 33181

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

*Cesar Rendon*

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME RENDON, CESAR  
STREET ADDRESS 13499 BISCAYNE BLVD. #212  
CITY-ST-ZIP NORTH MIAMI FL 33181

TITLE PD ☒ Change ☐ Addition  
NAME RENDON, CESAR  
STREET ADDRESS 6521 MAYO ST.  
CITY-ST-ZIP Hollywood FL 33023

TITLE VPD ☐ Delete  
NAME CUARTAS, JOSE  
STREET ADDRESS 13499 BISCAYNE BLVD. #212  
CITY-ST-ZIP NORTH MIAMI FL 33181

TITLE VPD ☐ Change ☐ Addition  
NAME MACHUCA, JUAN  
STREET ADDRESS 6521 MAYO ST  
CITY-ST-ZIP Hollywood FL 33023

TITLE SD ☐ Delete  
NAME MACHUCA, JUAN  
STREET ADDRESS 13499 BISCAYNE BLVD. #212  
CITY-ST-ZIP NORTH MIAMI FL 33181

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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:

*Cesar Rendon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)