

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90041 031 ***150.00

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DOCUMENT # P00000047893

1. Entity Name

SERVIUNIX, INC.

Principal Place of Business

**13499 BISCAYNE BLVD. #212
 NORTH MIAMI FL 33181**

Mailing Address

**6521 MAYO ST.
 HOLLYWOOD FL 33023**

2. Principal Place of Business

6521 MAYO ST

Suite, Apt. #, etc.

6521 MAYO ST

City & State

Hollywood, FL

3. Mailing Address

Same

Suite, Apt. #, etc.

6521 MAYO ST

City & State

Hollywood, FL

Zip

33023

Country

U.S.A

Zip

33023

Country

U.S.A

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

RENDON, CESAR

**13499 BISCAYNE BLVD. #212
 NORTH MIAMI FL 33181**

7. Name and Address of New Registered Agent

Name

CEASAR RENDON

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

6521 MAYO ST

City

Hollywood, FL

FL

Zip Code

33023

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, President

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, 2002 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	PD	<input type="checkbox"/> Delete
NAME	RENDON, CESAR	
STREET ADDRESS	6521 MAYO ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	CUARTAS, JOSE	
STREET ADDRESS	6521 MAYO ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MACHUCA, JUAN	
STREET ADDRESS	13499 BISCAYNE BLVD. #212	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
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	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIANA VILLEGAS	
STREET ADDRESS	6521 MAYO ST.	
CITY-ST-ZIP	Hollywood, FL 33023	
TITLE	S.D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAIR VILLEGAS	
STREET ADDRESS	6521 MAYO ST	
CITY-ST-ZIP	Hollywood, FL 33023	
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:

Cesar Rendon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/19/2002 (954) 985 4504

Date

Daytime Phone #

CR2E034 (9/01)