

2001
2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2001 8:00 am
Secretary of State

07-20-2001 90002 021 ***150.00

DOCUMENT # P00000057596

1. Entity Name

SERVICOM MACH, INC.

Principal Place of Business

Mailing Address

14114 SW 120 Ct
Miami FL 33186

16300 NE 19 AVE #100
N. Miami Bch. FL 33162

2. Principal Place of Business

3. Mailing Address

16300 NE 19 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

100

City & State

City & State

North Miami Bch. FL

Zip

Country

Zip

Country

33162

4. FEI Number

65-1016376

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

Name

FERNANDO SILVA

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

16300 NE 19 AVE

Suite 100

City

North Miami Beach

FL

Zip Code

33162

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

07/16/01

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 DIRECTOR ☐ Delete
NAME Jaime Marazza
STREET ADDRESS 14114 SW 120 Ct
CITY-ST-ZIP Miami FL 33186

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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:

Jaime Marazza

07/16/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR20034 (500)

Attachment # P00000057596

10848

July 30, 2001

FLORIDA DEPARTMENT OF STATE
Division of Corporations
Annual Reports Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

Ref.: P00000057596

Dear Sir or Madam:

I would like to let you know that we HAVE NOT RECEIVE ANY FORM BY MAIL to renew the Corporation for year 2001. I made a copy from blank form to try to accomplish with the State Law, and you sent me back the payment because I have to pay a fine.

Take on count that it was not my fault if I did not receive the renewal by mail, only I am trying to comply with the Corporate Renewal for this year.

Please, waive any fine, I am not willfully negligent.

Cordially,


JAIME MARIAZZA
President