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**FILED**  
**Jun 24, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90613 028 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P00000078748**  
1. Entity Name  
**SERVOLAB C.A., INC.**

**DO NOT WRITE IN THIS SPACE**

94567

2. Principal Place of Business  
**5419 NW 74th Ave**  
Subs. Apt. #, etc.  
City, State  
**MIAMI, FL**  
Zip  
**33166** Country

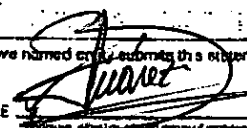
2. Mailing Address  
**6419 N.W. 74th Ave**  
Subs. Apt. #, etc.  
City, State  
**MIAMI, FL**  
Zip  
**33166** Country

4. FEI Number **651035902** Applied For  
Not Applicable  
6. Certificate of Status Desired  \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent  
Name **Zoilo A. Suarez**  
Street Address (P.O. Box Number is Not Acceptable)  
**3500 S.W. 112th Ave Apt. B117**  
City **MIAMI, FL** Zip Code **33165**

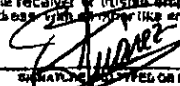
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  
SIGNATURE  **06-17-2002**  
Signature of Registered Agent (Required) DATE (Registered Agent Signature Required)

9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so (See criteria on back)   
Annual Intangible Tax Fee is \$100.00  
After May 1, Fee is \$500.00  
Amended UBR is \$41.25  
State Check Payable to Department of State

10. Election Campaign Financing Trust Fund Continuation  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	VP	NAME	Zoilo A. Suarez	STREET ADDRESS	6419 NW 74th Ave.
NAME		CITY, ST, ZIP	MIAMI, FL	33166	
TITLE	PO	NAME	José M. B. B. B.	STREET ADDRESS	5419 N.W. 74th Ave
NAME		CITY, ST, ZIP	MIAMI, FL	33166	
TITLE		NAME		STREET ADDRESS	
NAME		CITY, ST, ZIP			
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NAME		CITY, ST, ZIP			

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 fee collector or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address that is not like a home address.  
SIGNATURE:  **ZOILO SUAREZ** **05-01-2002 (305)220-6671**  
SIGNATURE (REQUIRED) OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Corporate Phone #