

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

FILED

03 APR -3 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3900 N.W. 79th AVE.

3. Mailing Address
3900 N.W. 79th AVE.

Suite, Apt. #, etc.
SUITE 600-E

Suite, Apt. #, etc.
SUITE 600-E

City & State
MIAMI, FLORIDA.

City & State
MIAMI, FLORIDA.

4. FEI Number
651035902.

Applied For
Not Applicable

Zip
33166

Country
EE.UU.

Zip
33166.

Country
EE.UU.

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

300015286593
04/03/03--01041--021 **158.75

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Zoilo 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. I am familiar with, and accept the obligations of a registered agent.

SIGNATURE  **ZOILO SUAREZ VICE-PRESIDENT.**

DATE **04-01-2003.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PRESIDENT.**
NAME **JOSE MAGO**
STREET ADDRESS **3900 NW. 79th AVENUE, SUITE #.**
CITY-ST-ZIP **600-E MIAMI, FL. 33166.**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VICE-PRESIDENT.**
NAME **ZOILO SUAREZ.**
STREET ADDRESS **3900 N.W. 79th AVENUE SUITE**
CITY-ST-ZIP **#600-E MIAMI, FL 33166.**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TREASURER/SECRETARY.**
NAME **NITZA SUAREZ.**
STREET ADDRESS **3900 N.W. 79th AVENUE SUITE**
CITY-ST-ZIP **#600-E MIAMI, FL. 33166.**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. 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 10 or on an attachment with an address, with an office or like empowered.

SIGNATURE:  **ZOILO SUAREZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **04-01-2003 (305) 887 7242.**

DATE

Daytime Phone #

CR2E034B (12/02)