

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90074 003 ***150.00

DOCUMENT # P 00000083735

1. Entity Name
SERV-EX INTERNATIONAL
ENTERPRISES, INC.

Principal Place of Business Mailing Address
2424 Charles Road 2424 Charles Road
Hallandale Fl. 33009 Hallandale Fl. 33009

2. Principal Place of Business 3. Mailing Address
5519 S.W. 24 Avenue 5519 S.W. 24 Avenue
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
Ft. Lauderdale Ft. Lauderdale 65-1041268 Not Applicable
Zip Country Zip Country 5. Certificate of Status Desired ☐ \$8.75 Additional
33312 U.S.A. 33312 U.S.A. Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
Goupil Gaston Raynald Name Marcellin Paquette
2424 Charles Road Street Address (P.O. Box Number is Not Acceptable)
Hallandale Fl. 33009 5519 S.W. 24 Avenue
City Ft. Lauderdale FL Zip Code 33312

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 *Marcellin Paquette* Marcellin Paquette 02/05/01
(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. ☐ 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	DP	<input checked="" type="checkbox"/> Delete	TITLE	Pres. Marcellin Paquette	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Goupil Gaston		NAME	5519 S.W. 24 Avenue	
STREET ADDRESS	2424 Charles Road		STREET ADDRESS	Ft. Lauderdale Fl. 33312	
CITY-ST-ZIP	Hallandale Fl 33009		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Marcellin Paquette* Marcellin Paquette 02/05/01 954-961-6593
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #