

# 2001 UNIFORM BUSINESS REPORT (UBR)

0201428

DOCUMENT # P00000091109

1. Entity Name

SERVILIMPIA, INC.

FILED

01 FEB -7 PM 3:34

Principal Place of Business

Mailing Address

~~1731 N.E. 163RD STREET~~  
~~NORTH MIAMI BEACH FL 33162~~

~~1731 N.E. 163RD STREET~~  
~~NORTH MIAMI BEACH FL 33162~~

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Signature]*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4834 N. W. 167th. Street,

3. Mailing Address

4834 N. W. 167th. Street,

Suite, Apt. #, etc.

Suite # 103,

Suite, Apt. #, etc.

Suite # 103,

City & State

MIAMI LAKES, FLORIDA

City & State

MIAMI LAKES, FLORIDA

4. FEI Number

65-1051700

Applied For

Not Applicable

Zip

33014

Country

USA

Zip

33014

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BUENDIA, ALVARO  
600 BILTMORE WAY  
SUITE 205  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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, 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

TITLE PD  
NAME ESCOBAR, PABLO D  
STREET ADDRESS ~~1731 N.E. 163RD STREET~~  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162 ☐ Delete

TITLE ~~EVD~~  
NAME GIRALDO, CATALINA  
STREET ADDRESS ~~1731 N.E. 163RD STREET~~  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162 ☐ Delete

TITLE ~~TD~~  
NAME ~~GIRALDO, ALBERTO~~  
STREET ADDRESS ~~1731 N.E. 163RD STREET~~  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162 ☒ Delete

TITLE ~~SD~~  
NAME GIRALDO, CAMILO  
STREET ADDRESS ~~1731 N.E. 163RD STREET~~  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 4834 N. W. 167th. Street, Suite # 103,  
CITY-ST-ZIP MIAMI LAKES, FLORIDA 33014 ☒ Change ☐ Addition

TITLE S/T/D  
NAME  
STREET ADDRESS 4834 N. W. 167th. Street, Suite # 103,  
CITY-ST-ZIP MIAMI LAKES, FLORIDA 33014 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 300003709133--4  
CITY-ST-ZIP -02/19/01--01030--005  
\*\*\*\*\*150.00 \*\*\*\*\*150.00 ☐ Change ☐ Addition

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

TITLE VPD  
NAME RUEDA, AREVALO, GERMAN  
STREET ADDRESS 4834 N. W. 167th. Street, Suite # 103,  
CITY-ST-ZIP MIAMI LAKES, FLORIDA 33014 ☐ Change ☒ Addition

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

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/02/01

(205) 625-2550

Pablo D. Escobar, President Daytime Phone #

CR2E034 (10/00)