## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Apr 09, 2002 8:00 am Secretary of State **DOCUMENT# P00000115831** 1. Entity Name 04-09-2002 90738 001 \*\*\*150 00 2000 SERVICES AND MORE, CORP. Mailing Address Principal Place of Business 608 NW 13TH STREET STE 28 608 NW 13TH STREET STE 28 R0062050 **BOCA RATON FL 33486 BOCA RATON FL 33486** 2. Principal Place of Business 3. Mailing Address 5151 W Club Circle 5151 W Club Circle Suite Apt.#, etc. Suite. Apt. #, etc. DO NOT WRITE IN THIS SPACE 106 106 City & Stale City & Stale 4. FEI Number Applied For Boca Raton, FL 65-1063983 Boca Raton, FL Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33487 33487 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TONETTI, MARCELO TONETTI, MARCELO Street Address (P 0. Box Number is Not Acceptable) 608 NW 13TH STREET STE 28 5151 W Club Circle #106 **BOCA RATON FL 33486** Zip Code 33487 **Boca Raton** 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. 03/25/02 title if applicable. (NOTE:Registere Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible **FILE NOW! FEE IS \$150.00** 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Delete D TONETTI, MARCELO TONETTI, MARCELO NAUE NAME STREET ADDRESS 608 NW 13TH STREET STE 28 STREET ADDRESS 5151 W Club Circle #106 CITY-ST-ZIP **BOCA RATON FL 33486** CITY- ST- ZIP Boca Raton, FL 33487 Change ☐ Delete Addition TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Change \_\_\_\_ Addition... TITLE TITLE NAUF MAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIF CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST- ZIP ☐ Defete TITLE \_\_\_ Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 13. 1 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 19.07(3)(1), 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 N changed or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

03/25/02

Date

(561) 862-0692