2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2002 8:00 am
Secretary of State
09-17-2002 90095 012 ***550.00

U0133043

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000005861

1. Entity Name: SERMEC CORPORATION

Principal Place of Business	Mailing Address
~~14209 SW 117 Terr~~	~~14309 SW 117 Terr~~
~~MIAMI Fl 33186~~	~~MIAMI Fl 33186~~

2. Principal Place of Business	3. Mailing Address
8096 NW 67 ST	8096 NW 67 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI Fl	City & State: MIAMI Fl
Zip: 33166 Country: MIAMI DADE	Zip: 33166 Country: MIAMI DADE

4. FEI Number: 65-0905916 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~JENNY MONTE~~	Name: EDGAR CABEZAS
~~14509 SW 117 Terr~~	Street Address (P.O. Box Number is Not Acceptable): 8096 NW 67 ST
~~MIAMI Fl 33186~~	City: MIAMI FL Zip Code: 33166

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 registered agent.

SIGNATURE: Edgar Caberas — 09/13/02

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 $550.00
After September 13, 2002 Fee will be $750.00
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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ~~MONTE JENNY~~ ~~14509 SW 117 Terr~~ ~~MIAMI Fl 33186~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDST EDGAR CABEZAS 8096 NW 67 ST MIAMI Fl 33166 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (4/02)

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: Edgar Caberas — 09/13/02 (305) 592-5038