

2002 UNIFORM BUSINESS REPORT (UBR)

5/9/02

FILED
Jun 27, 2002 8:00 am
Secretary of State

05-09-2002 90027 011 ***150.00

DOCUMENT # P01000011179

1. Entity Name

SERTEMPO, INC.

Principal Place of Business

**4355 FOXTAIL LANE
 WESTON FL 33331-3842**

Mailing Address

**4355 FOXTAIL LANE
 WESTON FL 33331-3842**

2. Principal Place of Business

4382 Fox Ridge Dr

3. Mailing Address

4382 Fox Ridge Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Weston

City & State

Weston FL

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

33331

County

Broward

Zip

33331

County

Broward

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HINCAPIE, JUAN CARLOS
 4355 FOXTAIL LANE
 WESTON FL 33331-3842**

7. Name and Address of New Registered Agent

Name

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

4382 Fox Ridge Dr

Weston

City

FL

33331

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PTD HINCAPIE, JUAN CARLOS 4355 FOXTAIL LANE WESTON FL 33331-3842	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Hincapie Juan Carlos 4382 Fox Ridge Dr Weston FL 33331	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)