

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91552 001 ***150.00
05-28-2002 91552 002 *****8.75

DOCUMENT # P010000012003 ✓
1. Entity Name
YOUR SERVICE CENTRAL ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
20600 NW 8TH STREET
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 297528
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PEMBROKE PINES FL

City & State
PEMBROKE PINES FL

4. FEI Number Applied For
 Not Applicable

Zip 33029 Country USA

Zip 33029-7528 Country USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name JUAN M. ROSARIO
Street Address (P.O. Box Number is Not Acceptable)
20600 NW 8TH STREET
City PEMBROKE PINES FL Zip Code 33029

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 (SAME REGISTERED AGENT)
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 PRES, Sec, Director
NAME JUAN M. ROSARIO
STREET ADDRESS 20600 NW 8TH STREET
CITY-ST-ZIP PEMBROKE PINES FL 33029

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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 on an attachment with an address, with all other like empowered.

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

4/26/02
Date

Daytime Phone #

CR2E034B (12/01)