

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90654 019 ***150.00

DOCUMENT # P01000045686

1. Entity Name
RESERV, INC.

Principal Place of Business
13499 BISCAYNE BLVD. #1405
MIAMI FL 33181

Mailing Address
13499 BISCAYNE BLVD. #1405
MIAMI FL 33181

2. Principal Place of Business
25 S.E. 2nd Ave
 Suite, Apt. #, etc.
#410

3. Mailing Address
25 S.E. 2nd Ave
 Suite, Apt. #, etc.
#410

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
65-1108849

Applied For
 Not Applicable

Zip
33131

Country

Zip
33131

Country

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

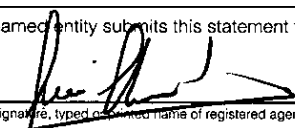
6. Name and Address of Current Registered Agent

MENDELSON, MARIANO DIEGO
13499 BISCAYNE BLVD. #1405
MIAMI FL 33181

7. Name and Address of New Registered Agent

Name
JAVIER KLETNICKI
 Street Address (P.O. Box Number is Not Acceptable)
25 S.E. 2nd Ave
#410
 City **Miami, FL** Zip Code **33131**

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  DATE **4.26.02**

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 \$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 **PD** ☒ Delete
 NAME **MENDELSON, MARIANO DIEGO**
 STREET ADDRESS **13499 BISCAYNE BLVD. #1405**
 CITY-ST-ZIP **MIAMI FL 33181**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Change ☒ Addition
 NAME **JAVIER KLETNICKI**
 STREET ADDRESS **25 S.E. 2nd Ave #410**
 CITY-ST-ZIP **MIAMI, FL 33131**

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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:  PRESIDENT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **JAVIER KLETNICKI** 4/25/02 305-490-1889

Date Daytime Phone #

CR2E034 (9/01)