

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

DOCUMENT # P01000079115

1. Entity Name

SERVICOMEX USA, INC.

FILED

02 OCT -7 AM 10:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200008327072--6

-10/11/02--01003--023

\*\*\*\*150.00 \*\*\*\*150.00

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

8235 LAKE DR.

3. Mailing Address

8235 LAKE DR.

Suite, Apt. #, etc.

D407

Suite, Apt. #, etc.

D407

City & State

Miami, FL

City & State

Miami, FL

Zip

33166

Country

USA

Zip

33166

Country

USA

4. FEI Number

61-1402946

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CARLOS LOPERA

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

8235 LAKE DR.

#D407

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/30/02

DATE

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 NAME STREET ADDRESS CITY - ST - ZIP	P, S CARLOS LOPERA 8235 LAKE DR. #D407 Miami, FL 33166	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS LOPERA

Date

9/30/02 (305) 9757661

Daytime Phone #

CR2E034B (12/01)

Miami, September 30<sup>th</sup> 2002

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: SERVICOMEX USA, INC.  
Doc Number P01000079115

Dear Sir or Madam:

Please find enclosed an UBR with our new address.

We did not receive the 2002 Uniform Business Report. We think it was sent to a different location.

We are enclosing a check for \$150.00.

We want to ask you for your consideration and waive the penalty for sending you this form after April 30<sup>th</sup> 2002.

Your consideration will be greatly appreciated.

Sincerely,



Carlos Lopera  
President  
8235 Lake Drive  
No. D407  
Miami, FL 33166