2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000090995 DOCUMENT

SIGNATURE:

SERVIO CORPORATION



May 05, 2003 8:00 am & Secretary of State

05-05-2003 90217 011 ***150.00 **FILED**

954-322 Yz80

60.08-4

| C/O ROTH, R 3440 HOLLYW HOLLYWOOD | ee of Business OUSSO & DARRACH. P.A. OOD BLVD SUITE 360 FL 33021 | Mailing Address C/O ROTH. ROUSSO & DARRACH. P.A. 3440 HOLLYWOOD BLVD SUITE 360 HOLLYWOOD FL 33021 3. Mailing Address | | | | |
|--|--|--|-------------|---|----------|--|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | ☐ CHECK HERE IF MAKING CHANGES |
| City & State | | City & State | | | - | 4. FEI Number 65-1140179 Applied For Not Applicable |
| Zip | ip Country Zip | | Country | | | Certificate of Status Desired |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | |
| | | | | Name | | |
| ROTH, LEONARDO A ESQ. | | | | | ress (P. | P.O. Box Number is Not Acceptable) |
| | I, ROUSSO & DARRACH, P.A. | | 0.0017.00 | | | |
| 3440 HOLLYWOOD BLVD., SUITE 360 | | | | | | |
| | OD FL 33021 | | City | | | FL Zip Code |
| C Thombour | - Company of the state of the s | the Asses of absorber its | | ad offi a- 40 | | ed agent, or both, in the State of Florida. I am familiar with, and accept |
| | ions of egistered agent. | the purpose of changing its | register | ea office of re | egistere | ed agent, or both, in the State of Florida. I am lamiliar with, and accept |
| FONARDO A POTTA CAN 4-30.03 | | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when refinstating) DATE | | | | | | |
| | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State Make Check Payable to Florida Department of State | | | | | | |
| 10. | OFFICERS AND I | <u>.</u> | <u>i</u> | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| TITLE | DPT | ☐ Delete TITLE | | E T | | ☐ Change ☐ Additio |
| NAME | ERVIO, GUSTAVO JOSE | | NAM | 1 | | |
| STREET ADDRESS | ELIPIDIO GONZALEZ 687 VILLA M | IARIA, | STRE | EET ADDRESS | | |
| CITY-ST-ZIP | CORDOBA ARGENTINA | | CITY | -ST-ZIP | | |
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| NAME | | | NAM | E | | |
| STREET ADDRESS | | | STRE | ET ADDRESS | | |
| CITY-ST-ZIP | | | CITY | -ST-ZIP | | |
| 12. 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 furstee emprowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all/other like empowered. | | | | | | |