

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-21-2002 91168 006 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701000101221

1. Entity Name

Seervitransport Corp

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3201 SW 97 Ave

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 526271

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

37362

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number 651153123

Applied For

Not Applicable

Zip

Country

33165

USA

Zip

33152

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Julio Jaramillo

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

3201 SW 97 Ave

City Miami

FL

Zip Code

33165

**DO NOT WRITE
IN THIS SPACE**

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 fee if applicable

JULIO JARAMILLO

04/29/02

DATE

(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 \$350.00

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

President
Julio Jaramillo
3201 SW 97 Ave
MIAMI FL 33165

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Vice-President
Marta Cabrera
3201 SW 97 Ave
MIAMI FL 33165

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Director
Marta Cabrera
3201 SW 97 Ave
MIAMI FL 33165

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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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)(f), 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:

Marta Cabrera

4/29/02

305-282-9738

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)