

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

0017565 SP

DOCUMENT # P01000118938

1. Entity Name

SERVICENTRAL NETWORK CORP.

03-03-2002 90062 009 ***150.00

Principal Place of Business

**1340 PENNSYLVANIA AVE
 MIAMI BEACH FL 33139**

Mailing Address

**1340 PENNSYLVANIA AVE
 MIAMI BEACH FL 33139**

2. Principal Place of Business

200 South East 1st St.

3. Mailing Address

200 South East 1st St.

Suite, Apt. #, etc.

Suite 602

Suite, Apt. #, etc.

Suite 602

City & State

Miami FL

City & State

Miami FL

Zip

33131

Country

USA

Zip

33131

Country

USA

4. FEI Number

02-0558633

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BUSINESS FILINGS INCORPORATED
 1000 WEST AVE STE 1114
 MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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)

DATE

02/14/2002

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 **President** ☐ Delete
 NAME **GUTIERREZ, JOSE**
 STREET ADDRESS **1340 PENNSYLVANIA AVE**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **D** ☒ Delete
 NAME **FREZZA, MARIO**
 STREET ADDRESS **1775 JAMES AVE APT 204**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **Vice President** ☐ Delete
 NAME **MURPHY, PAUL**
 STREET ADDRESS **1340 PENNSYLVANIA AVE**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 NAME
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TITLE ☐ Change ☐ Addition
 NAME
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/14/2002

CR2E034 (9/01)