
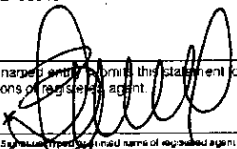
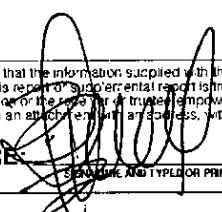


03-24-2003 91016 019 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

10046682

DOCUMENT # P02000018341			
1. Entity Name SERVINCA DISTRIBUTING OF FLORIDA CORP.			
Principal Place of Business 2345 WEST 9 LN. APT # 2 HIALEAH, FL 33010		Mailing Address 2345 WEST 9 LN. APT # 2 HIALEAH, FL 33010	
2. Principal Place of Business 8045 NW 36 ST.		3. Mailing Address 8045 NW 36 ST.	
Suite, Apt. #, etc. SUITE 528		Suite, Apt. #, etc. SUITE 528	
City & State MIAMI		City & State MIAMI	
Zip FL	Country	Zip FL	Country
4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALVAREZ, ANGELA M 2345 WEST 9 LN APT # 2 HIALEAH, FL 33010		7. Name and Address of New Registered Agent Name BLANCA SANCHEZ RAMIREZ Street Address (P.O. Box Number is Not Acceptable) 8045 NW 36 ST. City MIAMI 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. I am familiar with, and accept the obligations of, registered agent. SIGNATURE  DATE 3/20/03			
FILE NOW!!! FEE IS \$160.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALVAREZ, ANGELA M 2345 WEST 9 LN., APT. #2 HIALEAH, FL 33010 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLANCA SANCHEZ RAMIREZ 8045 NW 36 ST. SUITE 528 MIAMI, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVID MANUEL SALDANA 8045 NW 36 ST. SUITE 528 MIAMI, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 of 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 sole proprietor or trustee empowered 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 attached certificate of address, with all other like empowered.			
SIGNATURE 		DATE 3/20/03 Name BLANCA SANCHEZ RAMIREZ Office Phone	

CR2E034 (10/02)