FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91788 020 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000025705

1. Entity Name
SERVERMAX TELECOM CORP.

Principal Place of Business	Mailing Address
16020 SOUTH POST RD APT 102 WESTON, FL 33331	16020 SOUTH POST RD APT 102 WESTON, FL 33331

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1580 Sawgrass Corp Pkwy	16700 South Post Rd.
Suite, Apt. #, etc. # 130	Suite, Apt. #, etc. # 104
City & State Sunrise / Florida	City & State Weston / Florida
Zip: 33323 Country: USA	Zip: 33331 Country: USA

4. FEI Number 01-0621810 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
POURRAIN, FABIAN 16020 SOUTH POST RD APT 102 WESTON, FL 33331	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when submitting)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 POURRAIN, FABIAN 16020 SOUTH POST RD APT 102 WESTON, FL 33331	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CONCETTI, MARIA 16700 SOUTH POST RD #104 Weston, FL - 33331	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GUTIERREZ, ALDO 16020 SOUTH POST RD APT 102 WESTON, FL 33331	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NATALIA, POURRAIN 16700 South Post Rd #104 Weston, FL - 33331	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEONARDO LOPEZ 16700 South Post Rd #104 Weston, FL. 33331	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARIA CARDOSO 16700 South Post Rd #104 Weston, FL - 33331	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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 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 attachment with an address, with all other like empowered.

SIGNATURE: _____ POURRAIN, FABIAN 04/11/2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #