

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90098 012 \*\*\*150.00

**DOCUMENT #** P02000058225

**1. Entity Name**  
CONSERVICE, INC.



**Principal Place of Business**  
2333 BRICKELL AVE., MEZZANINE SUITE  
MIAMI FL 33129

**Mailing Address**  
2333 BRICKELL AVE., MEZZANINE SUITE  
MIAMI FL 33129



**2. Principal Place of Business**

13012 SW 128 ST.

**3. Mailing Address**

13012 SW 128 ST.

Suite, Apt. #, etc.

A

Suite, Apt. #, etc.

A

☐ CHECK HERE IF MAKING CHANGES

**City & State**

Miami, FL

**City & State**

Miami, FL

**4. FEI Number**

95-3084422

**Applied For**

Not Applicable

**Zip**

33186

**Country**

USA

**Zip**

33186

**Country**

USA

**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**

MALEK, FARHAD

2333 BRICKELL AVE., MEZZANINE SUITE  
MIAMI FL 33129

**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**

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**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**

**TITLE** P ☐ Delete  
**NAME** ALFONZO, JETHRO  
**STREET ADDRESS** AVE. 17 RAFAEL MARIA BARALTH RES.  
**CITY-ST-ZIP** FABIOLA PISO 10 APT 10 MARAC

**TITLE** V ☐ Delete  
**NAME** MORA, FABIOLA  
**STREET ADDRESS** AVE. 17 RAFAEL MARIA BARALTH RES. FABIOLA  
**CITY-ST-ZIP** PISO 10 APT. 10 MARACAIBO

**TITLE** ST ☐ Delete  
**NAME** MONASTERIOS, RAFAEL  
**STREET ADDRESS** 15316 S.W. 111 ST.  
**CITY-ST-ZIP** MIAMI FL 33196

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. 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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**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/10/2003 303-718-4309

Date

Daytime Phone #

CR2F034 1/10/03