

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90367 048 \*\*\*150.00

0008922 AT

**DOCUMENT # P02000127692**

1. Entity Name  
**SERVICES FOR AMERICA USA, INC.**



Principal Place of Business  
**15455 SW 80 ST B-1 #101  
MIAMI FL 33193**

Mailing Address  
**15455 SW 80 ST B-1 #101  
MIAMI FL 33193**



2. Principal Place of Business  
**9010 S.W. 137 AVENUE**

3. Mailing Address  
**9010 S.W. 137 AVENUE**

Suite, Apt. #, etc.  
**- EC #237**

Suite, Apt. #, etc.  
**- EC #237**

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

4. FEI Number

Applied For  
☒ Not Applicable

Zip  
**33186**

Country  
**DADE U.S.**

Zip  
**33186**

Country  
**DADE U.S.**

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CARVAJALES, JOSEPH  
15455 SW 80 ST B-1 #101  
MIAMI FL 33193**

7. Name and Address of New Registered Agent

Name **JOSEPH CARVAJALES**  
Street Address (P.O. Box Number is Not Acceptable)  
**9010 S.W. 137th AVENUE SUITE EC-237**  
City **MIAMI** FL Zip Code **33186**

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 (PRESIDENT)

04/25/03

Signature, typed or printed name of registered agent and title 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☐ Delete  
NAME **CARVAJALES, JOSEPH**  
STREET ADDRESS **15455 SW 80 ST B-1 #101**  
CITY-ST-ZIP **MIAMI FL 33193**

TITLE **PT** ☒ Change ☐ Addition  
NAME **CARVAJALES, JOSEPH**  
STREET ADDRESS **9010 S.W. 137th AVENUE SUITE EC-237**  
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE **VS** ☐ Delete  
NAME **ALBARRACIN, FABIO F**  
STREET ADDRESS **15455 SW 80 ST B-1 #101**  
CITY-ST-ZIP **MIAMI FL 33193**

TITLE **VS** ☒ Change ☐ Addition  
NAME **ALBARRACIN, FABIO A.**  
STREET ADDRESS **9010 S.W. 137th AVENUE SUITE EC-237**  
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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CITY-ST-ZIP

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

04/25/03 305-383-1390

Date Daytime Phone #

CR2E034 (10/02)