2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P93000049392 1. Entity Name					FILED May 16, 2000 8:00 am Secretary of State			
SERCOV	ENCA CORP.			ļ	Se	cretary	of Sta	ite
	υ					-16-2000 9001		
Principal Place	e of Business	Mailing Address		ĺ				
10302 NW S RI BAY NO. 23 MEDLEY FL 331 US	•	10302 NW S RIVE DR BAY NO 23 MEDLEY FL 33178 US				MEN 40110 40121 80211 30	161 21010 (2100 (1110 c 4)	u i (1 8) (112)
5901	N. W. 151 STreet				DO NOT WRITE IN THIS SPACE			
Suite, Apt. Suite	· ·	Suite, Apt. #, etc. Suite 102						
City & State	e , C	City & State Lakes Fr			4. FEI Number 6	5-0423135	⊢	plied Fort Applicable
33014	Country	Zip 33014	Country U. S.A		5. Certificate of State	us Desired 🔲	\$8.75 Add	
000. 7	6. Name and Address of Current R	egistered Agent			7. Name and Addre	ss of New Registe		
		-	Name (910	حرباء ڪريء	WAN G	SUSTAVO	A .
GUERRA-GUZMAN, GUSTAVO A 10302 NW SOUTH RIVER DR BAY 23				oddess (P.O. Box Number is Not Acceptable) 190/ N. W. / B/ STreet Suite 102				
MEDLEY FL 33178				YiAn	11 hakes	,	FL Zip Code	014
8. The above	named entity submits this statement for t	the purpose of changing its re-	gistered office or	registere	d agent, or both, in the	State of Florida.		
SIGNATURE _	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: Re	egistered Agent signati	ure required v	vhen reinstating)		ATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FE After MAY 1, 2000 Fe Make Check Payable to I				550.00	Trust Fund	ampaign Financing I Contribution.		0 May Be to Fees
11.	OFFICERS AND D	IRECTORS	12.		ADDITIONS/CHANG	GES TO OFFICERS	AND DIRECTORS	S IN 11
TITLE	VPST	☐ Delete	TITLE	VPS	5T	سنوس	🔽 Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	GUERRA, JANET 10302 NW SOUTH RIVER DR, BAY 23 MEDLEY FL 33178			1 7	erra Jar 11 N.W. 19 AMI LAKE	. (7)	20/4	I
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<u></u> <u></u>	ertify that the information supplied with t	nis filing does not qualify for th	e exemption sta	ted in Sec	tion 119.07(3)(i). Florid	da Statutes. I furthe	r certify that the in	formation
indicated of the cor	on this report or supplemental report is to poration or the receive or trustee empoy	yie and accidete and that my ered to execute his report as	signature shall h required by Cha	ave the sapter 607,	ame legal effect as if n Florida Statutes; and t	nade under oath; th that my name appe	at I am an officer ars in Block 11 or	or director Block 12 if