

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90031 025 ***150.00

DOCUMENT # P95000024744

1. Entity Name
SERVIMEX, INC.

Principal Place of Business
15485 EAGLE NEST LANE
SUITE 120
MIAMI LAKES FL 33014
US

Mailing Address
160 21 NW 79TH CR
MIAMI LAKES FL 33016
US

2. Principal Place of Business
SAME AS ABOVE
 Suite, Apt. #, etc.

3. Mailing Address
15485 EAGLE NEST LANE
 Suite, Apt. #, etc.
SUIT 120

City & State

City & State
MIAMI LAKES, FL.

Zip Country

Zip Country
33014 DADE

4. FEI Number **65-0574391**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SILVA, JUAN CARLOS
160 21 NW 79TH CR
MIAMI LAKES FL 33016

7. Name and Address of New Registered Agent

Name
JUAN CARLOS SILVA
 Street Address (P.O. Box Number is Not Acceptable)
15485 EAGLE NEST LANE
SUIT 120
 City **MIAMI LAKES, FL** Zip Code **33014**

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.

SIGNATURE  **FEBRUARY 12, 2002**
 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SILVA, JUAN CARLOS 160 21 NW 79TH CR MIAMI LAKES FL 33016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SH GALINDO, MARIA V 8324 NW 7TH STREET, STE 13 MIAMI LAKES FL 33125	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRE/ SILVA, JUAN CARLOS 16021 N.W. 79th CT. MIAMI LAKES, FL. 33014	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRE GALINDO, MARIA V. 1901 BRICKELL AVENUE #708B MIAMI, FL. 33129	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 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

FEBRUARY 12, 2002 (305) 822-3826

Date Daytime Phone #

0142658 AV

CR2E034 (9/01)