

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90148 019 ***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
**15485 EAGLE NEST LANE
SUITE 120
MIAMI LAKES FL 33014
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**SILVA, JUAN CARLOS
15485 EAGLE NEST LANE
120
MIAMI FL 33014**

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 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 **PRE** ☐ Delete
NAME **SILVA, JUAN CARLOS**
STREET ADDRESS **160 21 NW 79TH CR**
CITY-ST-ZIP **MIAMI LAKES FL 33016**

TITLE **VP TREASURER** ☒ Change ☐ Addition
NAME **SILVA, JUANCARLOS**
STREET ADDRESS **16021 NW 79 Court**
CITY-ST-ZIP **MIAMI LAKES, FL 33016**

TITLE **VP** ☐ Delete
NAME **GALINDO, MARIA V**
STREET ADDRESS **1901 BRICKELL AVE #708B**
CITY-ST-ZIP **MIAMI FL 33129**

TITLE **VP SECRETARY** ☒ Change ☐ Addition
NAME **GALINDO, MARIA V**
STREET ADDRESS **1901 BRICKELL AVE., #708B**
CITY-ST-ZIP **MIAMI, FL 33129**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **SANDRA SILVA**
STREET ADDRESS **16021 NW 79 CT.**
CITY-ST-ZIP **MIAMI LAKES, FL 33016**

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
STREET ADDRESS
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/03
Date

305 822-3826
Daytime Phone #

CR2E034 (10/02)