**FILED** 

## 2002 Uniform Business Report (UBR)

## Mar 13, 2002 8:00 am Secretary of State P95000043780 DOCUMENT # 1. Entity Name -2002 90102 041 \*\*\*150 00 SERFI ENTERPRISES, INC. Principal Place of Business Mailing Address 1011 S.W 80TH AVE. 1011 S.W 80TH AVE. APT. A APT. A NORTH LAUDERDALE FL 33068 NORTH LAUDERDALE FL 33068 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 65-0587342 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GARCIA, SERVANDO Street Address (P.O. Box Number is Not Acceptable) 1011 S.W 80TH AVE. APT. A **NORTH LAUDERDALE FL 33068** Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) TITLE ☐ Delete NAME GARCIA, FIDEL NAME STREET ADDRESS 1011 S.W 80TH AVE., APT. C STREET ADDRESS CITY-ST-ZIP NORTH LAUDERDALE FL 33010 CITY-ST-ZIP ☐) Change ☐ Addition TITLE Delete TITLE NAME GARCIA, SERVANDO NAME STREET ADDRESS '1011 S.W 80TH AVE., APT. A STREET ADDRESS CITY-ST-ZIP NORTH LAUDERDALE FL 33010 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GARCIA, RODOLFO NAME STREET ADDRESS STREET ADDRESS 1011 S.W. 80TH AVE. CITY-ST-ZIP NORTH LAUDERDALE FL 33068 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIT! F ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/01/2002

954 444 3100

Date

Daytime Phone #