2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91217 019 ***150.00

DOCUMENT # P95000068416

1. Entity Name
SERVAL US, INC.

Principal Place of Business	Mailing Address
C/O REAL FLORIDA REALTY, INC 1508 SE 3RD AVENUE FORT LAUDERDALE FL 33316 US	C/O REAL FLORIDA REALTY, INC 1508 SE 3RD AVENUE ROSEVILLE CA 33316 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	1508 SE 3 AVE
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State: FORT LAUDERDALE, FL
Zip / Country	Zip: 33316 / Country: USA

4. FEI Number 65-0618726

5. Certificate of Status Desired X $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHERIDAN, DREW S 6401 SE 87TH AVENUE STE 114 MIAMI FL 33173	Name Street Address (P.O. Box Number is Not Acceptable) City

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)

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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WAGNER, MANFRED	NAME	
STREET ADDRESS	2200-A DOUGLAS BLVD., SUITE 130	STREET ADDRESS	
CITY-ST-ZIP	ROSEVILLE CA 95661	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: X [signature] MANFRED WAGNER 4-18-02 (954) 764-6469
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #