

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90246 028 ***150.00

DOCUMENT # **P95000068416**

1. Entity Name

SERVAL US, INC.



DO NOT WRITE IN THIS SPACE

10025723

2. Principal Place of Business

REAL FLORIDA REALTY

3. Mailing Address

REAL FLORIDA REALTY INC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1508 SE 3 AVE

1508 SE 3 AVE

City & State

City & State

FORT LAUDERDALE FL

FORT LAUDERDALE FL

Zip

Country

Zip

Country

33316

USA

33316

USA

4. FEI Number

65-0618726

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

REAL FLORIDA REALTY INC

Street Address (P.O. Box Number is Not Acceptable)

1508 SE 3 AVE

City

FORT LAUDERDALE FL

Zip Code

33316

**DO NOT WRITE
IN THIS SPACE**

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

BETINA LAMBRECHTS PRES

BETINA LAMBRECHTS PRES

1-31-03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	P
NAME	WAGNER, MANFRED
STREET ADDRESS	1508 SE 3 AVE
CITY-ST-ZIP	FORT LAUDERDALE FL 33316
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address in all other like empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MANFRED WAGNER PRES 2/5/03 954-764-6469

Date

Daytime Phone #

CR2E034B (12/02)