

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90231 005 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000078650																											
1. Entity Name SERVPRO OF NORTH MIAMI, INC.																											
Principal Place of Business 2121 SW 59TH AVENUE HOLLYWOOD, FL 33023		Mailing Address 2121 SW 59TH AVENUE HOLLYWOOD, FL 33023																									
2. Principal Place of Business 5731 SW 23RD ST Suite, Apt. #, etc.		3. Mailing Address PO Box 223735 Suite, Apt. #, etc.																									
☐ CHECK HERE IF MAKING CHANGES																											
City & State HOLLYWOOD, FL		City & State HOLLYWOOD, FL																									
Zip 33023		Zip 33023																									
Country		Country																									
4. FID number 65-0700384		Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☐		(\$8.75 Additional Fee Required)																									
6. Name and Address of Current Registered Agent COHEN, LAWRENCE 2121 SW 59TH AVENUE HOLLYWOOD, FL 33023		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5731 SW 23RD ST City HOLLYWOOD FL Zip Code 33023																									
8. The above named entity certifies the statements 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 _____ DATE _____ Signature, name or printed name of registered agent and job if applicable. (NOTE: Registered Agent's name required when changing)																											
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																									
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 198.07(3)(b), Florida Statutes. I further certify that the information disclosed 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 appointed to prepare 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 attached, not an other line attached.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date

Corporate Filings