

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90355 044 \*\*\*150.00

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P88000089051**

1. Entity Name

**SERRET BROTHERS, INC.**

Principal Place of Business: **16800 N.W. 51 Place, Miami, Florida 33055**  
 Mailing Address: **Post Office Box #172366, Hialeah, Florida 33017**

**768657**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

4. FEI Number: **65-0705196** Applied For:  (Not Applicable)  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent:  
**Amerlawyer Chartered**  
**343 Almeria Avenue**  
**Coral Gables, Florida 33134**

7. Name and Address of New Registered Agent:  
 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

SIGNATURE: \_\_\_\_\_ (NOTE: Regs. also require signatures required when existing) DATE: \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$580.00**  
**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 IN 11	
TITLE: <b>PTD</b>	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>Damian Serret</b>		NAME:	
STREET ADDRESS: <b>16800 N.W. 51 Place</b>		STREET ADDRESS:	
CITY-ST-ZIP: <b>Miami, Florida 33055</b>		CITY-ST-ZIP:	
TITLE: <b>VSD</b>	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>Juan Luis Serret</b>		NAME:	
STREET ADDRESS: <b>16800 N.W. 51 Place</b>		STREET ADDRESS:	
CITY-ST-ZIP: <b>Miami, Florida 33055</b>		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	

13. I, the undersigned, certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information furnished on this report or supplemental reports 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 registrant 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; changed or in an affidavit with an affidavit with all other like empowered.

SIGNATURE: *[Signature]* X **4/30/2001**  
 SIGNATURE AND PRINTED NAME OF OFFICER OR DIRECTOR