

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90043 049 ***150.00

DOCUMENT # P97000099628

1. Entity Name

UNISERVICE CORPORATION

Principal Place of Business

**1900 GLADES ROAD
351
BOCA RATON FL 33431**

Mailing Address

**1900 GLADES ROAD
351
BOCA RATON FL 33431**

2. Principal Place of Business

350 E. Las Olas Blvd.

Suite, Apt. #, etc.

Suite 1700

City & State

Ft Lauderdale, FL

Zip

33301

Country

USA

3. Mailing Address

350 E. Las Olas Blvd.

Suite, Apt. #, etc.

Suite 1700

City & State

Fort Lauderdale, FL

Zip

33301

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0816177

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MAYER, DAVID

1900 GLADES ROAD

351

BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

Charles Pearlman

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

350 E. Las Olas Blvd.

Suite 1700

City

Ft Lauderdale

FL

Zip Code

33301

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

Charles Pearlman
Charles Pearlman

1/2/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE	P	<input type="checkbox"/> Delete
NAME	VILENSKY, RICARDO	
STREET ADDRESS	1900 GLADES ROAD SUITE 351	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	MAYER, DAVID	
STREET ADDRESS	1900 GLADES ROAD SUITE 351	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CHIEF EXECUTIVE OFFICER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILENSKY, RICARDO	
STREET ADDRESS	350 E Las Olas Blvd, Suite 1700	
CITY-ST-ZIP	Ft Lauderdale, FL 33301	
TITLE	AVRAM FRITLH PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AVRAM FRITLH	
STREET ADDRESS	350 E Las Olas Blvd, Suite 1700	
CITY-ST-ZIP	Ft Lauderdale, FL 33301	
TITLE	CFO, Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mauricio Aguirre	
STREET ADDRESS	350 E Las Olas Blvd, Suite 1700	
CITY-ST-ZIP	Ft Lauderdale, FL 33301	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sergio Vivanco	
STREET ADDRESS	350 E Las Olas Blvd, Suite 1700	
CITY-ST-ZIP	Ft Lauderdale, FL 33301	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Juan Carlos Cerda	
STREET ADDRESS	350 E Las Olas Blvd, Suite 1700	
CITY-ST-ZIP	Ft Lauderdale, FL 33301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Ricardo Vilensky*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ricardo Vilensky

DATE

1/18/01

Daytime Phone #

(954) 716-7879

CR2E034 (10/00)