2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P98000024102 DOCUMENT

1. Entity Name

SERVIPLUS, INC.



FILED Jan 17, 2003 8:00 am Secretary of State 01-17-2003 90056 046 ***150.00

Suite, Act. #, etc. Suite, Act. #, etc. City & State City & City & State City &	20185 EAST COUNTRY CLUB DR #605 AVENTURA FL 33180		Mailing Address 20185 EAST COUNTRY CLUB DR #605 AVENTURA FL 33180			i e	6000805 5			
City & State	2. Principal Plac	e of Business	3. Mailing Address							
Zip Country Zip Country S. Certificate of Status Desired S. 58.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JASKELSON, JORGE 20185 EAST COUNTRY CLUB DR #605 AVENTURA FL 33180 City FL Zip Code 6. 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 Symptom types or printed name of registered agent as at line if application. (NOTE: Registered Agent Speaker registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. FILE NOW!!! FEE IS \$150.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE WIDE STATE OFFICERS AND DIRECTORS IN 11 INTERIOR OFFICERS AND DIRECTORS IN 11 INTE	Suite, Apt. #,	etc.	Suite, Apt. #, etc.			-	CHECK HERE IF MAKING CHANGES			
Country 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 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 acceptable obligations of registered agent. 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 acceptable obligations of registered agent. 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 acceptable to Florida Department of State of Florida. I am familiar with, and acceptable to Florida Department of State of Florida. I am familiar with, and acceptable to Florida Department of State of Florida. I am familiar with, and acceptable floridated Department of State of Florida. I am familiar with, and acceptable floridated Department of State of Florida. I am familiar with, and acceptable floridated Department of State of Floridated Department of	City & State		City & State		4.		65-0823813			
Street Address of New Registered Agent Street Address of New Registered Agent	Zip	Country	Zip	Country		5. (Certificate of Status Desired	\$8.75 A	dditional	
Name Name Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	t Registered Agent			7. 1	Name and Address of New Register			
20185 EAST COUNTRY CLUB DR #605 AVENTURA FL 33180 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				1	vame	-				
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B. 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 acceptance the obligations of registered agent. SIGNATURE Signature, hybrid or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE	ATLITIONAL	L 00100								
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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	2. I hereby certi	fy that the information supplied with	this filing does not qualify for	r the exempti	on stated in S	Section 1	19.07(3)(i), Florida Statutes, Ligrither	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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPICA OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR