

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000049446

1. Entity Name

USASERVE, INC.

**FILED**  
**Jan 14, 2000 8:00 am**  
**Secretary of State**

01-14-2000 90032 021 \*\*\*150.00

Principal Place of Business

250 NW 10 STREET  
BOCA RATON FL 33432

Mailing Address

250 NW 10 STREET  
BOCA RATON FL 33432-2638

600180

2. Principal Place of Business

240 W Palmetto Park Rd 240 W. PALMETTO PARK RD

3. Mailing Address

Suite, Apt. #, etc.

SUITE 320

Suite, Apt. #, etc.

Suite 320

City & State

Boca Raton FL

City & State

BOCA RATON, FL

4. FEI Number

65-0837340

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LAMB, CYNTHIA H  
250 NW 10TH ST  
BOCA RATON FL 33432

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

Cynthia H. Lamb

Cynthia H. Lamb

1/3/00

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, 2000 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	LAMB, CYNTHIA	
STREET ADDRESS	250 NW 10 STREET	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	IWANSKI, DON	
STREET ADDRESS	250 NW 10TH ST	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Karie Naclerio	
STREET ADDRESS	240 W. PALMETTO PARK RD. SUITE 320	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SAVAD BANAEIAN	
STREET ADDRESS	240 W. PALMETTO PARK RD. SUITE 320	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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:

Cynthia H. Lamb

Cynthia H. Lamb 1/3/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-750  
553-