2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 01, 2001 8:00 am Secretary of State DOCUMENT # P98000062202 SERVI-PHONE USA, INC. 02-01-2001 90145 021 ***150.00 Principal Place of Business Mailing Address 20341 NORTHEAST 30TH AVENUE 20341 NORTHEAST 30TH AVENUE SUITE 117-G SUITE 117-G OTIOO AVENTURA FL 33180 AVENTURA FL 33180 Principal Place of Business 21190 MAIN SAIL CIR. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0850242 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TRESKUNOV SEHEN TRESKUNOV, SEMEN 1770 NE 191 ST #602 **MIAMI FL 33179** 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **PSTD** PSTD RASKIN MIKHAIL 21190 MAIN SAIL GIR # A-12 TITLE Delete TITLE RASKIN, MIKHAIL NAME STREET ADDRESS 20341 NORTHEAST 30TH AVENUE STREET ADDRESS AVENTURA, FL 33180 CITY-ST-ZIP CITY-ST-ZIP **AVENTURA FL 33180** TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ... Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP * CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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 attachmen with an appears with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01,29,01 (305)933-17