

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90002 029 \*\*\*158.75

**DOCUMENT #** P99000020592

1. Entity Name  
 Wilbert Servalis INC ✓

Principal Place of Business  
 3620 N.E. 5<sup>th</sup> Ave  
 Oakland Park, FL 33334  
 O.T.D. INC

Mailing Address  
 Wilbert Servalis Inc  
 6218 S.W. 32<sup>nd</sup> St  
 MIAMAR, FL 33023

DUIUUVJ01

2. Principal Place of Business  
 3620 N.E. 5<sup>th</sup> Ave  
 Suite, Apt. #, etc.

3. Mailing Address  
 6218 S.W. 32<sup>nd</sup> St  
 Suite, Apt. #, etc.

City & State  
 Oakland Park FL

City & State  
 Miramar, FL

4. FEI Number  
 65-0927940

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

City  
 33334

Country  
 Broward

Zip  
 33023

Country  
 BROWARD

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Wilbert Servalis 6218 S.W. 32 <sup>nd</sup> St Miramar, FL 33023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (9/99)

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: Wilbert Servalis 04/29/00 (954) 965-9849

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone \*