

2000 UNIFORM BUSINESS REPORT (UBR)

3/14

FILED
May 17, 2000 8:00 am
Secretary of State
 03-14-2000 90073 001 ***150.00

DOCUMENT # P99000037284

1. Entity Name

AMERICAN SERFI INTERNATIONAL INC.

Principal Place of Business

3147 N.E. 168TH STREET
 MIAMI FL 33160

Mailing Address

3447 N.E. 168TH STREET
 MIAMI FL 33160-3012

2. Principal Place of Business

3105 NE 184 ST

Suite, Apt. #, etc.

7103

City & State

AVENTURA FLORIDA

Zip

33160

Country

3. Mailing Address

3105 NE 184 ST

Suite, Apt. #, etc.

7103

City & State

AVENTURA FLORIDA

Zip

33160

Country

4. FEI Number

650916477

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ABRAHAM, EDWARD J ESQ.
 7270 N.W. 12TH STREET
 SUITE 580
 MIAMI FL 33126

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

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	PD	<input type="checkbox"/> Delete
NAME	SAADA, SERGE MR.	
STREET ADDRESS	3447 N.E. 168TH STREET	
CITY-ST-ZIP	MIAMI FL 33160	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CARCANI, GERARD	
STREET ADDRESS	3447 N.E. 168TH STREET	
CITY-ST-ZIP	MIAMI FL 33160	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VARGAS, THIERRY	
STREET ADDRESS	3447 N.E. 168TH STREET	
CITY-ST-ZIP	MIAMI FL 33160	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/00

Date

954-430-3930

Daytime Phone #

CR2PF0327 (9/99)