

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

03-29-2001 90363 021 \*\*\*150.00

0199244

**DOCUMENT # P99000037284**

1. Entity Name

**AMERICAN SERFI INTERNATIONAL INC.**

Principal Place of Business

**3105 NE 184TH ST  
7103  
AVENTRUA FL 33160**

Mailing Address

**3105 NE 184TH ST  
7103  
AVENTRUA FL 33160**

2. Principal Place of Business

**3403 NW 9th AVENUE  
Suite, Apt. #, etc.  
#804**

3. Mailing Address

**3403 NW 9th AVENUE  
Suite, Apt. #, etc.  
#804**

City & State

**FORT LAUDERDALE, FL**

City & State

**FORT LAUDERDALE, FL**

Zip

**33309**

Country

**USA.**

Zip

**33309**

Country

**USA**

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, 2001 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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>SAADA, SERGE MR.</b>	
STREET ADDRESS	<b>3447 N.E. 168TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33160</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>CARCIANI, GERARD</b>	
STREET ADDRESS	<b>3447 N.E. 168TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33160</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>VARGAS, THIERRY</b>	
STREET ADDRESS	<b>3447 N.E. 168TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33160</b>	
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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**THIERRY VARGAS** 03/19/01 954-564-2459

Date

Daytime Phone #

CR2E034 (10/00)