

2000 UNIFORM BUSINESS REPORT (UBR)

2/

DOCUMENT # P99000053833

1. Entity Name

SERVIMEXNET INC.

R

FILED
Jul 17, 2000 8:00 am
Secretary of State

02-29-2000 90101 036 ***150.00

Principal Place of Business

Mailing Address

15485 EAGLE NEST LANE
SUITE 230
MIAMI LAKES FL 33014

15485 EAGLE NEST LANE
SUITE 230
MIAMI LAKES FL 33014-2247

2. Principal Place of Business

3. Mailing Address

SERVIMEX INC
Suite, Apt. #, etc.
15485 EAGLE NEST LANE

8324 NW 143RD TERR.

City & State
MIAMI LAKES FL.

City & State
MIAMI LAKES FL.

Zip Country
33014 U.S.A.

Zip Country
33016 U.S.A.

4. FEI Number
650-574391

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SILVA, JUAN C
8324 NW 143RD TERRACE
MIAMI LAKES FL 33016

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D VICE PRESIDENT
SILVA, JUAN C
8324 NW 143RD TERRACE
MIAMI LAKES FL 33016 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
JUAN C SILVA
8324 NW 143RD TERRACE
MIAMI LAKES FL 33016 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-28-00

Date

(305) 556-4835

Daytime Phone #

CR2E034 (9/99)