

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000104087

1. Entity Name

SERVICE UNO, CORP.

Principal Place of Business

8262 NW SOUTH RIVER DRIVE
MEDLEY FL 33166

Mailing Address

8262 NW SOUTH RIVER DRIVE
MEDLEY FL 33166

2. Principal Place of Business

8346-C NW SOUTH RIVER DR.

3. Mailing Address

8346-C NW SOUTH RIVER DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MEDLEY, FL

City & State

MEDLEY, FL

Zip

Country

33166

Zip

Country

33166

4. FEI Number

65-0966260

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIOS, LEOPOLDO
1800 WEST 49TH STREET
SUITE 207
HIALEAH FL 33012

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
NAME FLITER, GASTON ☐ Delete
STREET ADDRESS 8262 NW SOUTH RIVER DRIVE
CITY-ST-ZIP MEDLEY FL 33166

TITLE VTD
NAME ALABACI, DANIEL A ☐ Delete
STREET ADDRESS 8262 NW SOUTH RIVER DRIVE
CITY-ST-ZIP MEDLEY FL 33166

TITLE SD
NAME VEGA, ALFRED ☐ Delete
STREET ADDRESS 8262 NW SOUTH RIVER DRIVE
CITY-ST-ZIP MEDLEY FL 33166

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8346-C NW SOUTH RIVER DR
CITY-ST-ZIP MEDLEY, FL 33166

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8346-C NW SOUTH RIVER DR
CITY-ST-ZIP MEDLEY, FL 33166

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8346-C NW SOUTH RIVER DR.
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05-01-00 305 863 22 55

CR2E034 (9/99)

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90070 008 ***150.00



DO NOT WRITE IN THIS SPACE