

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V26261

1. Entity Name

SERVAN, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90078 006 ***150.00

Principal Place of Business

2100 PARK CENTRAL BLVD N.
STE 900
POMPANO BCH FL 33064

Mailing Address

2100 PARK CENTRAL BLVD N.
STE 900
POMPANO BCH FL 33064-2242

2. Principal Place of Business

3. Mailing Address

2875 NE 191 ST

2875 NE 191 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PH1

PH1

City & State

AVENTURA FL

City & State

AVENTURA FL

Zip

33180

Country

USA

Zip

33180

Country

USA

4. FEI Number

65-0353334

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

THEODORE J KLEIN
88 NE 168 ST
N. MIAMI BCH. FL 33162

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
DPS
SREDNI, ERWIN
2875 NE 191 ST PH1
AVENTURA FL 33180 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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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

02242000 3/9450405

Date

Daytime Phone #

CR2E034 (9/99)