

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90013 041 ***150.00

DOCUMENT # 662277

1. Entity Name
SERVITECH CORP.

Principal Place of Business

**1149 S W 27 AVE
 606
 CORAL GABLES FL 33135
 US**

Mailing Address

**901 PONCE DE LEON BLVD.
 606
 CORAL GABLES FL 33134
 US**

2. Principal Place of Business

**901 Ponce de Leon Blvd
 Suite, Apt. #, etc.
 606**

3. Mailing Address

Suite, Apt. #, etc.

City & State
Coral Gables FL

City & State

Zip
33135

Country
US

Zip

Country

4. FEI Number **59-2004309**

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

**JANE, YOLANDA
 5739 NW 7TH ST
 MIAMI FL 33126**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DS	<input type="checkbox"/> Delete
NAME	GARCIA, EDUARDO	
STREET ADDRESS	13254 S W 13 STREET	
CITY-ST-ZIP	MIAMI, FL 0	
TITLE	DPD	<input type="checkbox"/> Delete
NAME	JANE, YOLANDA	
STREET ADDRESS	5739 NW 7TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eduardo Garcia

Date

1/29/01

Daytime Phone #

305-446-7770

CRE034 (10/00)