

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

0266767 AV

02-05-2002 90189 041 ***150.00

DOCUMENT # P01000066602

1. Entity Name
SERGRAF CORPORATION

Principal Place of Business
3900 NW 79 AVENUE SUITE 559
MIAMI FL 33166

Mailing Address
3900 NW 79 AVENUE SUITE 559
MIAMI FL 33166



2. Principal Place of Business
6955 NW 77TH AVE

3. Mailing Address
6955 NW 77TH AVE

Suite, Apt. #, etc.
306

Suite, Apt. #, etc.
306

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
05-1118435

Applied For
 Not Applicable

Zip Country
33164 USA

Zip Country
33166 USA

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TOVAR, ILEANA-ARIAS-ESQ
1725 MAIN STREET SUITE 205
WESTON FL 33326

7. Name and Address of New Registered Agent

Name
JOSE WILLIAM AVENDAÑO
 Street Address (P.O. Box Number is Not Acceptable)
6955 NW 77TH AVE
306
 City **MIAMI** FL Zip Code **33166**

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:

DATE: **1-15-02**

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, 2002 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	PTD AVENDANO, JOSE WILLIAM 3900 NW 79 AVENUE SUITE 559 MIAMI FL 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GUARIN, IDALY E 3900 NW 79 AVENUE SUITE 559 MIAMI FL 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD AVENDANO JOSE WILLIAM 6955 NW 77TH AVE #306 MIAMI, FL 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GUARIN, IDALY E. 6955 NW 77TH AVE #306 MIAMI, FL 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOMENA CARLOS R 6955 NW 77TH AVE #306 MIAMI, FL 33166	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED** **JOSE WILLIAM AVENDAÑO** **1-15-02 (305) 884-6008**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** Date Daytime Phone #

CR2E034 (9/01)