

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90003 008 \*\*\*150.00

**DOCUMENT # K78940**

1. Entity Name  
**JOVEX ENTERPRISES, INC.**

Principal Place of Business <b>444 BRICKELL AVE P24 MIAMI FL 33131 US</b>	Mailing Address <b>444 BRICKELL AVE P24 MIAMI FL 33139-5802 US</b>
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2. Principal Place of Business <b>831 WASHINGTON AVE</b>	3. Mailing Address <b>831 WASHINGTON AVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>MIAMI BEACH, FL</b>	City & State <b>MIAMI BEACH, FL</b>
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Zip <b>33139</b>	Country <b>MIAMI-DADE</b>	Zip <b>33139</b>	Country <b>MIAMI-DADE</b>
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0109884</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
**BAGGIO, JOSE A.M.  
 444 BRICKELL AVE  
 #P24  
 MIAMI FL 33131**

7. Name and Address of New Registered Agent  
 Name: **BAGGIO, JOSE A.M.**  
 Street Address (P.O. Box Number is Not Acceptable): **831 WASHINGTON AVE.**  
 City: **MIAMI BEACH** FL Zip Code: **33139**

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: *Jose A.M. Baggio* DATE: **Feb 18, 2000**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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 <b>P</b>	<input type="checkbox"/> Delete
NAME <b>BAGGIO, JOSE A.M.</b>	
STREET ADDRESS <b>444 BRICKELL AVE #P24</b>	
CITY-ST-ZIP <b>MIAMI FL</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>BAGGIO, VERA R.F.</b>	
STREET ADDRESS <b>444 BRICKELL AVE #P24</b>	
CITY-ST-ZIP <b>MIAMI FL</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BAGGIO, JOSE A.M.</b>	
STREET ADDRESS <b>831 WASHINGTON AVE.</b>	
CITY-ST-ZIP <b>MIAMI BEACH, FL 33139</b>	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BAGGIO, VERA R.F.</b>	
STREET ADDRESS <b>831 WASHINGTON AVE</b>	
CITY-ST-ZIP <b>MIAMI BEACH, FL 33139</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Jose A.M. Baggio* DATE: **Feb 18, 2000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF - 004 - 11/99