

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 Mailing Address
444 BRICKELL AVE **444 BRICKELL AVE**
P24 **P24**
MIAMI FL 33131 **MIAMI FL 33139-5802**
US **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
831 WASHINGTON Ave

3. Mailing Address
831 WASHINGTON Ave

Suite, Apt. #, etc.

City & State
MIAMI BEACH, FL

City & State
MIAMI BEACH, FL

Zip
33139

Country
MIAMI-DADE

Zip
33139

Country
MIAMI-DADE

4. FEI Number **65-0109884** Applied For
 Not Applicable

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

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.

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 P	<input type="checkbox"/> Delete BAGGIO, JOSE A.M. 444 BRICKELL AVE #P24 MIAMI FL	TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BAGGIO, JOSE A.M. 831 WASHINGTON Ave. MIAMI BEACH, FL 33139
TITLE VP	<input type="checkbox"/> Delete BAGGIO, VERA R.F. 444 BRICKELL AVE #P24 MIAMI FL	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BAGGIO, VERA R.F. 831 WASHINGTON Ave MIAMI BEACH, FL 33139
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<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: *Jose A.M. Baggio* **Jose A.M. BAGGIO PRES.** DATE **Feb 18, 2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #