

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90113 043 ***150.00

04/30/01

DOCUMENT # P00000028621

1. Entity Name
OVO INTERNATIONAL, INC.

Principal Place of Business Mailing Address
8660 NW 5TH TERRACE #206 **8660 NW 5TH TERRACE #206**
MIAMI FL 33126 **MIAMI FL 33126**

00011100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10750 NW 66ST

3. Mailing Address
SAME

Suite, Apt. #, etc.
402

Suite, Apt. #, etc.

City & State
MIAMI FLORIDA

City & State

4. FEI Number **65-0994361**

Applied For
 Not Applicable

Zip Country
33178 **USA**

Zip Country

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

6. Name and Address of Current Registered Agent

BODIN, GLORIA ROA
2655 LEJEUNE ROAD SUITE 1001
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name **JESUS A. VERA**
 Street Address (P.O. Box Number is Not Acceptable)
10750 NW 66ST APT 402
 City **MIAMI** FL Zip Code **33178**

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 **JESUS A. VERA**

DATE **04-23-01**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's 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 NAME STREET ADDRESS CITY-ST-ZIP	DPT VERA, JESUS ARMANDO 8660 NW 5TH TERRACE #206 MIAMI FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VERA, DORA 8660 NW 5TH TERRACE #206 MIAMI FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LUCIANI, ROBERTA 8660 NW 5TH TERRACE #206 MIAMI FL 33126	<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	PRESIDENT VERA, JESUS ARMANDO 10750 NW 66ST APT 402 MIAMI FL 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT VERA, DORA 119 MENDEZ AV, APT #1 MIAMI FLORIDA 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY LUCIANI ROBERTA 10750 NW 66ST APT 402 MIAMI FL 33178	<input checked="" 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
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/01

Date

205-5918686
 786-4896671

Daytime Phone #

CR2E034 (10/00)