

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90633 014 ***150.00

DOCUMENT # P01000027977

1. Entity Name
S.V. DEVELOPERS INC

Principal Place of Business
**9076 N.W. 113 STREET
 HIALEAH GARDENS FL 33018**

Mailing Address
**9076 N.W. 113 STREET
 HIALEAH GARDENS FL 33018**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business *Same as above* 3. Mailing Address *Same as above*

Suite, Apt. #, etc. *Same as above* Suite, Apt. #, etc. *Same as above*

City & State *Same as above* City & State *Same as above*

Zip *Same* Country *Same* Zip *Same* Country *Same*

4. FEI Number **65-1087491** 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

**SANCHEZ, ROLANDO
 9076 N.W. 113 STREET
 HIALEAH GARDENS FL 33018**

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

(NOTE: Registered Agent signature required when reinstating)

04/12/2002
 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D SANCHEZ, ROLANDO 9076 N.W. 113 STREET HIALEAH GARDENS FL 33018	<input type="checkbox"/>		
D VALLE, LAZARO 15430 S.W. 81ST LANE APT 810 MIAMI FL 33157	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/12/2002 Date *(305) 536-1499* Daytime Phone #

CR2E034 (9/01)