

FILED
Jul 10, 2003 8:00 am
Secretary of State

07-10-2003 90108 038 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000085717			
1. Entity Name MV ENTERPRISES, INC.			
Principal Place of Business 5835 SUNSET DRIVE SOUTH MIAMI, FL 33243		Mailing Address 5835 SUNSET DRIVE SOUTH MIAMI, FL 33243	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 41-2053938		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MIAMI CORPORATE SYSTEMS, INC. 283 CATALONIA AVE 2ND FLOOR CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and job title applicable. (NOTE: Registered Agent Signature required when resigning)			
DATE _____		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	D	☐ Delete	
NAME	SULTAN, CARLOS		
STREET ADDRESS	8901 NW 33 STREET STE 160		
CITY-ST-ZIP	MIAMI, FL 33172		
TITLE	D	☐ Delete	
NAME	SULTAN, JORDANA		
STREET ADDRESS	8901 NW 33 STREET STE 160		
CITY-ST-ZIP	MIAMI, FL 33172		
TITLE	D	☒ Delete	
NAME	COHEN, ISAAC		
STREET ADDRESS	8901 NW 33 STREET STE 160		
CITY-ST-ZIP	MIAMI, FL 33172		
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. 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 10 or Block 11 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			

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