

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

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91089 028 \*\*\*150.00

02494013 AV

**DOCUMENT #** P02000120600

1. Entity Name  
**JAVI REMODELING, INC.**



Principal Place of Business  
**2015 MARSEILLE DR., #4  
MIAMI BEACH FL 33141**

Mailing Address  
**2015 MARSEILLE DR., #4  
MIAMI BEACH FL 33141**



2. Principal Place of Business  
**1945 CALAIS DIV**

3. Mailing Address  
**1945 CALAIS DRV**

Suite, Apt. #, etc.  
**8**

City & State  
**MIAMI Beach**

City & State  
**MIAMI Beach**

Zip  
**33141**

Country  
**DADE**

Zip  
**33141**

Country  
**DADE**

CHECK HERE IF MAKING CHANGES

4. FEI Number  
**55-0806348**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**LIEBERMAN, STEVEN**  
**11400 NORTH KENDALL DR., STE. 106**  
**MIAMI FL 33176**

7. Name and Address of New Registered Agent

Name  
**JORGE BALLARENA**

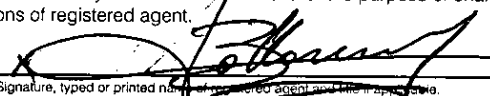
Street Address (P.O. Box Number is Not Acceptable)  
**1945 CALAIS DRV # 8**

City  
**MIAMI Beach**

State  
**FL**

Zip Code  
**33141**

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 

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD CHOCOR, FLAVIO</b> <b>2015 MARSEILLE DR., #4</b> <b>MIAMI BEACH FL 33141</b>	<input checked="" 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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD Jorge Ballarena</b> <b>1945 CALAIS DRV # 8</b> <b>MIAMI BEACH FL 33141</b>	<input type="checkbox"/> Change <input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Jorge Ballarena**  **3/6/03 (786) 2958985**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)