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

## **DOCUMENT #**

P02000124696

1. Entity Name

JSV AMUSEMENTS, INC.



## **FILED** Feb 05, 2003 8:00 am Secretary of State 02-05-2003 90115 026 \*\*\*150.00



Principal Place of Business 4310 SHERIDN STREET SUITE 202 HOLLYWOOD FL 33021		4310 Suit	Mailing Address 4310 SHERIDN STREET SUITE 202 HOLLYWOOD FL 33021									
2. Principal Place of Business			3. Mailing Address					HI BBHIR HEH BBIN B	ATIK BRIBA ILBI	# (fili) <b>#1010</b> #1411	<b>8 19118 1931 1891</b>	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State			City & State			4.	4. FEI Number 30-0136888 Applied For Not Applicable					
Zip	Country	Zip	Zip Co			try 5. Certificate		Status Desired		\$8.75 Ad	dditional	
	6. Name and Address of Currer	nt Register	gistered Agent			7.	Name and A	ddress of New	Registered			
DUDTON ANDDE O						Name						
BURTON, ANDRE S						Street Address (P.O. Box Number is Not Acceptable)						
4310 SHERIDN STREET						Substitution of the northern is not acceptable)						
SUITE 20											7.4.	
HOLLYWO	OOD FL 33021				City	City Zip Code					de	
8. The above	e named entity submits this statement tions of registered agent.	for the purp	oose of changing its	registere	ed office or r	egistered ag	ent, or both,	in the State of Fl	orida. I an	n familiar with	, and accept	
	िक्षा अपने । विकास स्थान											
SIGNATURE	Signature, typed or printed name of registered ager	at and title if any	olicable (NOTE	- Pagintora	d Amont ciamature	required when re						
			1		a Agent signature	reduied wiettie	I I I I I I I I I I I I I I I I I I I		DATE			
FILE*NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of			State					ion Campaign Fl Fund Contributio	~		00 May Be d to Fees	
10.	OFFICERS AND	DIRECTO	PRS	11.		AD	DITIONS/CH	HANGES TO OFF	ICERS AN	ID DIRECTOR	S IN 11	
TITLE	PSD		☐ Delete	TITLE			~-			☐ Change	Addition	
NAME	VIVONA, JOHN			NAME	•						_	
STREET ADDRESS CITY-ST-ZIP	44 APPLETON DRIVE #20 HAZLET NY 07730				STREET ADDRESS							
	<del></del>			CITY-	-ST-ZIP	<del></del>	<del></del>					
TITLE NAME	VTD VIVONA, SANDRA		☐ Delete	TITLE						Change	☐ Addition	
STREET ADDRESS	44 APPLETON DRIVE #20			NAME	ET ADDRESS							
CITY-ST-ZIP	11470 888 404 4884 4				-ST-ZIP			. ي سو	<b>.</b> .			
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NAME			Delete	NAME						Change	☐ Addition	
STREET ADDRESS	•				T ADDRESS							
CITY-ST-ZIP				CITY-	ST-ZIP							
TITLE		, <u></u>	☐ Delete	TITLE		· <b></b>			<u> </u>	☐ Change	Addition	
NAME				NAME								
STREET ADDRESS					T ADDRESS							
CITY-ST-ZIP	<u>, , , , , , , , , , , , , , , , , , , </u>			CITY-	ST-ZIP							
TITLE			☐ Delete	TITLE						Change	Addition	
NAME STREET ADDRESS				NAME								
CITY-ST-ZIP					T ADDRESS ST-ZIP						ł	
TITLE	<del> </del>	<u>.</u>		1	01-71L			<del>,</del>				
NAME			☐ Delete	NAME						☐ Change	☐ Addition	
STREET ADDRESS					T ADDRESS							
CITY-ST-ZIP	;			CITY-S							}	
12. Lhereby c	ertify that the information supplied with	this filing	door not qualify for t	<b>B</b>		i= 0 1 1	10.55(0)(1).5			<del></del>		

I nereoy 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 the corporation of the corporation or the receiver or trustee/empowered. SIGNATURE: X

Daytime Phone #