## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Aug 31, 2000 8:00 am Secretary of State DOCUMENT # P96000054089 1. Entity Name I.V.C., INC. 08-31-2000 90101 009 \*\*\*550.00 Principal Place of Business Mailing Address 2441 N.W. 93RD AVENUE 2441 N.W. 93RD AVENUE #1078 #1078 A0074692 **MIAMI FL 33172** MIAMI FL 33172 US IIS 2. Principal Place of Business 3. Mailing Address 2441 NW 93 Avenue 2441 NW 93 Aunue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 107 B City & State 4. FEI Number Applied For City & State 65-0679646 WAMI Not Applicable Country USA Zip Country \$8.75 Additional 5. Certificate of Status Desired 33172 33172 Fee Required USA. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROS, FLORENCIO Street Address (P.O. Box Number is Not Acceptable) 2441 N.W. 93RD AVENUE #107B **MIAMI FL 33172** 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. FLORENCY ROS Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min, will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition □ Change ☐ Delete TITLE TITLE ROS, FLORENCIO NAME NAME STREET ADDRESS STREET ADDRESS 2441 N.W. 93RD AVENUE, #107B CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33172 ☐ Change Addition ☐ Delete TITLE TITLE ROS, FLORENCIO NAME STREET ADDRESS STREET ADDRESS 2874 NW 79TH AVE City-ST-ZIP CITY-ST-ZIP MIAMI FL 33122 □ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY\_ST-7fP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR