

2000 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
Jul 12, 2000 8:00 am
Secretary of State

04-25-2000 90017 022 ***150.00

DOCUMENT # P99000077433

1. Entity Name

M.V.B. INVESTMENT CORPORATION

Principal Place of Business

Mailing Address

17050 NORTH BAY ROAD #1006
 SUNNY ISLES BEACH FL 33160

17050 NORTH BAY ROAD #1006
 SUNNY ISLES BEACH FL 33160-3695

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

65-0948332

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

ROUSSO, MARK E ESO
2875 NE 191 STREET, PH3A
AVENTURA FL 33180

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

TITLE	DPST	<input type="checkbox"/> Delete
NAME	VICTORIA BURGOS, MARIA V	
STREET ADDRESS	17050 NORTH BAY ROAD #1006	
CITY-ST-ZIP	SUNNY ISLES BEACH FL 33160	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BURGOS, ISIDRO	
STREET ADDRESS	17050 NORTH BAY ROAD #1006	
CITY-ST-ZIP	SUNNY ISLES BEACH FL 33160	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BURGOS, MARINA	
STREET ADDRESS	17050 NORTH BAY ROAD #1006	
CITY-ST-ZIP	SUNNY ISLES BEACH FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH / 30 / 00 305-332588A
 Date Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE