2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
05-06-2002 90278 041 ***150.00

DOCUMENT # **P01000052997**

1. Entity Name
DISTINCTIVE VACUUMS & APPLIANCES INC.

Principal Place of Business	Mailing Address
9601 SUNRISE LAKES BLVD #102 SUNRISE FL 33322	9601 SUNRISE LAKES BLVD #102 SUNRISE FL 33322

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6357 N. Federal Hwy	6357 N. Fedeal Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton, FL	City & State: Boca Raton, FL
Zip: 33487 — Country: USA	Zip: 33487 — Country: USA

4. FEI Number: 65-1104467 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SAIEVA, TODD
9601 SUNRISE LAKES BLVD #102
SUNRISE FL 33322

7. Name and Address of New Registered Agent

Name: SAIEVA, TODD
Street Address (P.O. Box Number is Not Acceptable): 6357 N. Federal Hwy
City: Boca Raton **FL** Zip Code: 33487

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: Todd Saieva TODD SAIEVA DATE: 4/17/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAIEVA, TODD 9601 SUNRISE LAKES BLVD #102 SUNRISE FL 33322	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAIEVA, TODD 6357 N. Federal Hwy Boca Raton, FL 33487	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Todd Saieva — Date: 4/18/02 — Daytime Phone #: (561) 998-8522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)