

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

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90802 001 ***450.00

DOCUMENT # **426613**

1. Entity Name

BOBBY VAN ENTERPRISES, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7200 W. COMMERCIAL BLVD

3. Mailing Address

4273 N. PINE ISLAND RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#207

City & State

LAUDERHILL, FL

City & State

SUNRISE, FL

Zip

Country

33319

USA.

Zip

33351

Country

USA.

4. FEI Number

59-1603947

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent

Name **RICHARD KAYS, Esq.**

Street Address, P.O. Box Number is Not Applicable
4273 N. PINE ISLAND RD.

City **SUNRISE**

State **FL**

Zip Code **33351**

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, name or printed name of registered agent and the filer, if applicable.

NOTE: Registered agent signature required when reappointing.

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

10. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **DPS**
NAME **ROBERT VAWCCHI**
STREET ADDRESS **2940 N. GORSE DR. SUITE 111**
CITY-STATE-ZIP **POMDANO BEACH, FL 33069**

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.02(3)(f), 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 on an attachment with an address, with all other like empowerment.

Robert Vawcchi **ROBERT VAWCCHI, PRES.** **06/29/2002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR200346 (12/01)