

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 485868

1. Entity Name

B. V. R. ENTERPRISES, INC.

FILED

Apr 16, 2001 8:00 am  
Secretary of State

04-16-2001 90067 009 \*\*\*150.00

Principal Place of Business

3729 SW 8TH STREET  
207  
CORAL GABLES FL 33134  
US

Mailing Address

3729 SW 8TH STREET  
207  
CORAL GABLES FL 33134  
US

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 59-1619032

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

SEPULVEDA, ANA D  
3340 TONEMOLINOS AVENUE  
MIAMI FL 33178

Name ANA D. SEPULVEDA

Street Address (P.O. Box Number is Not Acceptable)

3729 SW 8 ST. Suite 207

City CORAL GABLES

FL

Zip Code 33134

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.

(ANA SEPULVEDA)

(NOTE: Registered Agent signature required when reinstating)

4/9/01

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, 2001 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 PTS  
NAME SEPULVEDA, ANA D  
STREET ADDRESS 3729 SW 8TH STREET, SUITE 207  
CITY-ST-ZIP CORAL GABLES FL 33134

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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

ANA SEPULVEDA

Date

Daytime Phone #

(305) 448-0331

CR2E034 (10/00)