

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000001637

1. Entity Name
MV 1, INC.

Principal Place of Business

CAPITAL PLAZA BUILDING
301 EAST PINE STREET - SUITE 150
ORLANDO FL 32801

Mailing Address

CAPITAL PLAZA BUILDING
301 EAST PINE STREET - SUITE 150
ORLANDO FL 32801

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

34-1895528

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

SMYNTEK, LAWRENCE P JR.
2385 EXECUTIVE CENTER DRIVE, SUITE 100
BOCA RATON FL 33431

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
PD
ALEXANDER-SMYNTEK, THERESE
10457 CORALBERRY WAY
BOYNTON BEACH FL 33436

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
TSD
SMYNTEK, LAWRENCE P JR.
2385 EXECUTIVE CENTER DRIVE STE 100
BOCA RATON FL 33431

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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/01
Date

561 962-2900
Daytime Phone #

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90052 002 ***550.00



DO NOT WRITE IN THIS SPACE

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