

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 16, 2002 8:00 am**  
**Secretary of State**

07-16-2002 90359 024 \*\*\*150.00

**DOCUMENT # F18834**

1. Entity Name  
**BYVA, INC.**

Principal Place of Business  
**2720 BLAIRSTONE RD**  
**SUITE B**  
**TALLAHASSEE FL 32301**

Mailing Address  
**2720 BLAIRSTONE RD**  
**SUITE B**  
**TALLAHASSEE FL 32301**



DO NOT WRITE IN THIS SPACE

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 **59-2123226**

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

**MIRANDA, BENITO A.**  
**2367 WINTERGREEN ROAD**  
**TALLAHASSEE FL 32308**

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. I am familiar with, and accept the obligations of registered agent.

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 13, 2002 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 **PTD** ☐ Delete  
NAME **MIRANDA, BENITO JR**  
STREET ADDRESS **2720 BLAIRSTONE RD**  
CITY-ST-ZIP **TALLAHASSEE FL**

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

TITLE **SD** ☐ Delete  
NAME **MIRANDA, IVONNE C.**  
STREET ADDRESS **2720 BLAIRSTONE RD**  
CITY-ST-ZIP **TALLAHASSEE FL**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/14/02 (85D) 877-6035*

CR2E034 (4/02)

Attachment F18834  
120977  
07/14/02

Florida Department of State  
Division of Corporations  
PO Box 6327

Tallahassee, FL 32314

Re: 2002 Uniform Business Report (UBR)  
Doc # F18834

Dear Sir,

As I explained to your  
representative over the telephone,  
this is the first time that we  
received this document.

Enclosed, please find check # 6989  
for the amount of \$150.00.

Please don't hesitate to call me  
if you have questions.

Benito A. Miranda  
(Benito A. MIRANDA - By VA Inc)  
Ph. 850 877-6035  
Tol # 59-2123 226