

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

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90150 031 \*\*\*150.00

DOCUMENT # **H27080**

1. Entity Name

**AMERIVINA, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**130 72nd ST. NORTH**

Suite, Apt. #, etc.

3. Mailing Address

**130 72nd ST. NORTH**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**ST. PETERSBURG, Florida**

Zip

**33710**

Country

**U.S.**

City & State

**ST. PETERSBURG, Florida**

Zip

**33710**

Country

**U.S.**

4. FEI Number

**59-2471045**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**LY, JACQUELINE**

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

**130 72nd Street North**

City

**ST. PETERSBURG**

**FL**

Zip Code

**33710**

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) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DP  
LY, Jacqueline  
130 72nd St. N.  
ST. PETERSBURG, FL 33710**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D  
INGALLI, THANH THI DONG  
529 Lillian Drive  
MADRID BEACH FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D  
THE THANH LY  
130 72nd St. N.  
ST. PETERSBURG, FL 33710**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

TITLE

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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 on an attachment with an address, with all other like empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-17-2002**

Date

**727-345 8645**

Daytime Phone #

CR2E034B (12/01)