

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

**FILED**  
**Sep 10, 2002 8:00 am**  
**Secretary of State**

09-10-2002 90228 043 \*\*\*150.00

**DOCUMENT # K61209**

1. Entity Name

JAVES CORP.

**DO NOT WRITE IN THIS SPACE**

978932

2. Principal Place of Business  
9559 COLLINS AVE.

3. Mailing Address  
9559 COLLINS AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1002

#1002

City & State  
SURFSIDE, FL

City & State  
SURFSIDE, FL

4. FEI Number  
65-0103999

Applied For  
Not Applicable

Zip  
33159

Country  
DADE

Zip  
33159

Country  
DADE

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  
OJALVO, JOSE

Street Address (P.O. Box Number is Not Acceptable)  
9559 COLLINS AVE. #1002

City  
SURFSIDE

FL

Zip Code  
33159

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 \$81.25  
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 OJALVO, JOSE 9559 COLLINS AVE. #1002 SURFSIDE, FL 33159	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP OJALVO, JULIA 9559 COLLINS AVE. #1002 SURFSIDE, FL 33159	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: X

JOSE OJALVO

Date

Daytime Phone #

CR2E034B (12/01)

Leon Egozi, P.A.

Attachment

Certified Public Accountant

978932

K101209

19495 Biscayne Boulevard, Suite 705  
Aventura, Florida 33180

Phone: (305) 937-2664  
Fax: (305) 937-0128

September 4, 2002

Uniform Business Report  
Division of Corporations  
Annual Reports Section  
P.O. Box 1500  
Tallahassee, FL 32302-1500

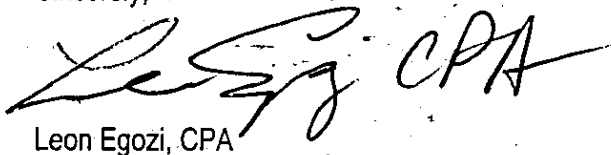
Re: Javes Corp.  
EIN: 65-0103999  
DOCUMENT # K61209

Dear Sir/ Madam:

Included please find the corporation annual report for the above referenced taxpayer along with a check for \$150.00. It is filed late because due to their address change they never received any correspondence from your office.

Please process the report and abate the late penalty. If you have any questions, I can be reached at 305-937-2664.

Sincerely,

 CPA

Leon Egozi, CPA

Enclosures

cc:\ Jose Ojalvo