

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90022 002 ***150.00

DOCUMENT # M11234

1. Entity Name

TMV CORPORATION

Principal Place of Business

**8055 NW 77 CT
 STE 5
 MEDLEY FL 33166
 US**

Mailing Address

**8055 NW 77 CT
 STE 5
 MEDLEY FL 33166
 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 **59-2496561**

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

**DALMAU, JAVIER
 8055 NW 77 CT
 STE 5
 MEDLEY FL 33166**

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 \$150.00
 After May 1, 2002 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	PDC	<input type="checkbox"/> Delete
NAME	DALMAU, JORGE	
STREET ADDRESS	8055 NW 77 CT STE 5	
CITY-ST-ZIP	MEDLEY FL 33166	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DALMAU, AURORA G.	
STREET ADDRESS	8055 NW 77 CT STE 5	
CITY-ST-ZIP	MEDLEY FL 33166	
TITLE	VT	<input type="checkbox"/> Delete
NAME	DALMAU, JORGE ALBERTA	
STREET ADDRESS	8055 NW 77 CT STE 5	
CITY-ST-ZIP	MEDLEY FL 33166	
TITLE	VS	<input type="checkbox"/> Delete
NAME	GOFUS, ROBERT J	
STREET ADDRESS	8055 NW 77 CT STE 5	
CITY-ST-ZIP	MEDLEY FL 33166	
TITLE	V	<input type="checkbox"/> Delete
NAME	DALMAU, JAVIER	
STREET ADDRESS	8055 NW 77 CT STE 5	
CITY-ST-ZIP	MEDLEY FL 33166	
TITLE	V	<input type="checkbox"/> Delete
NAME	DALMAU, LAURA	
STREET ADDRESS	8055 NW 77 CT STE 5	
CITY-ST-ZIP	MEDLEY FL 33166	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/01)

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 life empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #