

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M87511

1. Entity Name

AZUVI, INC.

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90017 025 \*\*\*150.00

Principal Place of Business

Mailing Address

13291 VANTAGE WAY  
STE 103  
JACKSONVILLE FL 32218  
US

13291 VANTAGE WAY  
STE 103  
JACKSONVILLE FL 32218-2382  
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 59-2896487

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

Name

Barbara Johnston

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

Martin, Ade, Birchfield + Mickler, PA

1 Independent Dr., Suite 3000

City

Jacksonville

FL

Zip Code

32207

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, 2000 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 P ☐ Delete  
NAME VERBIA, V V  
STREET ADDRESS 12540 VILLAREA L  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☒ Change ☐ Addition  
NAME VILANOVA VERDIA, VICENTE  
STREET ADDRESS AVADADE ITALIA 58 SPAIN  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME MOLINA, PEDRO BALAGUER  
STREET ADDRESS 12540 VILLAREAL  
CITY-ST-ZIP AVADADEITALIA58,SPAIN

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

TITLE VPST ☐ Delete  
NAME LEONARDO, FELIPE PENA  
STREET ADDRESS 12540 VILLAREAL  
CITY-ST-ZIP AVADADE ITALIA 58 SP

TITLE ☒ Change ☐ Addition  
NAME TENA LEONARDO, FELIPE  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME VILLAR, J P P  
STREET ADDRESS 12540 VILLAREAL  
CITY-ST-ZIP AVADADE ITALIA 58 SP

TITLE ☒ Change ☐ Addition  
NAME PARRA VILAR, JOSE PASQUAL  
STREET ADDRESS  
CITY-ST-ZIP

TITLE GM ☐ Delete  
NAME RAMBIA, H  
STREET ADDRESS 13291 VANGAGE WAY, STE 103  
CITY-ST-ZIP JAX FL 32218

TITLE ☐ Change ☐ Addition  
NAME RAMBLA, HECTOR/  
STREET ADDRESS 13291 VANTAGE WAY, SUITE 103  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2,14.00 904-7410555  
Date  
Office Phone #

CR2E034 (9/99)