

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90165 017 ***150.00

DOCUMENT # M87511

1. Entity Name

AZUVI, INC.

Principal Place of Business

13291 VANTAGE WAY
STE 103
JACKSONVILLE FL 32218
US

Mailing Address

13291 VANTAGE WAY
STE 103
JACKSONVILLE FL 32218
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2896487**Applied For
Not Applicable

Zip Country

Zip Country

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**RAX CO.
C/O BARBARA C. JOHNSTON
50 NORTH LAURA STREET, SUITE 3300
JACKSONVILLE, FL 32202

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 State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	P. VILANOVA, VERDIA V	12540 VILLAREAL	AVADADE ITALIA 58 SPAIN FL	<input type="checkbox"/>
	VP MOLINA, PEDRO BALAGUER	12540 VILLAREAL	AVADADE ITALIA 58 SPAIN	<input type="checkbox"/>
	VPST. TENA, LEONARDO F	12540 VILLAREAL	AVADADE ITALIA 58 SPAIN	<input type="checkbox"/>
	V. PARRA VILAR, JOSE PASCUAL	12540 VILLAREAL	AVADADE ITALIA 58 SPAIN	<input type="checkbox"/>
	GM RAMBIA, HECTOR	13291 VANGAGE WAY, STE 103	JACKSONVILLE FL 32218	<input type="checkbox"/>
				<input type="checkbox"/>

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

3. 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 two empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-06-02

904-741-0555

CR2E034 (9/01)