

2003 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90070 002 ***150.00

DOCUMENT # **M94729**

1. Entity Name

E. F. V. CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

763 E. 36 St.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Hialeah, FL.

City & State

4. FEI Number

65-0165142

Applied For

Not Applicable

Zip

33013

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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10091397

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

EUVALDO E. VALDES

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

763 E. 36 St.

City

Hialeah

FL

Zip Code

33013

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

X *[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/23/2003

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

**P/VP/S/T/D
VALDES EUVALDO E.
763 E. 36 St.
Hialeah, FL.**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

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 *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/2003 (305) 693-4286

Date

Daytime Phone #