

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90727 008 ***150.00

DOCUMENT # P00000005821

1. Entity Name
C.V.M. TECHNOLOGY, INC.



Principal Place of Business
**7303 NW 12 STREET
MIAMI FL 33126**

Mailing Address
**7303 NW 12 STREET
MIAMI FL 33126**

2. Principal Place of Business
**MIAMI FL.
8351 NW 54TH ST. 33166**
Suite, Apt. #, etc.

3. Mailing Address
**MIAMI FL.
8351 NW 54TH ST. 33166**
Suite, Apt. #, etc.

City & State
MIAMI FL.

City & State
MIAMI FL.

4. FEI Number
65-0975127

Applied For

Not Applicable

Zip
33166

Country
DADE

Zip
33166

Country
DADE

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PRICE, VIVIANA M

~~7303 NW 12 STREET~~
~~MIAMI FL 33126~~

**CVM TECHNOLOGY, INC.
8351 N.W. 54th ST.
MIAMI, FL 33166**

7. Name and Address of New Registered Agent

Name
VIVIAN PRICE

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

8351 N.W. 54TH ST

City
MIAMI

FL

Zip Code
33166

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Vivian M Price**

VIVIAN M PRICE

3-5-2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
VP ☐ Delete
NAME
VIZCAPRA, CLAUDIA
STREET ADDRESS
9850 SW 72 COURT
CITY-ST-ZIP
MIAMI FL 33156

TITLE
S ☐ Delete
NAME
MANSUR, MARIA
STREET ADDRESS
2120 NW 145 AVENUE
CITY-ST-ZIP
PEMBROKE PINES FL 33028

TITLE
P ☐ Delete
NAME
PRICE, VIVIAN
STREET ADDRESS
2120 NW 145 AVENUE
CITY-ST-ZIP
PEMBROKE PINES FL 33028

TITLE
☐ Delete
NAME
☐ Delete
STREET ADDRESS
☐ Delete
CITY-ST-ZIP
☐ Delete

TITLE
☐ Delete
NAME
☐ Delete
STREET ADDRESS
☐ Delete
CITY-ST-ZIP
☐ Delete

TITLE
☐ Delete
NAME
☐ Delete
STREET ADDRESS
☐ Delete
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Vivian M Price**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-2003 305 718 4580
Date Daytime Phone #

CR2E034 (10/02)