

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90001 047 ***150.00

DOCUMENT # P00000019049

1. Entity Name
S D V SUPPORT SERVICES, INC.

Principal Place of Business
145 MADEIRA AVE.,STE.310
CORAL GABLES FL 33134

Mailing Address
145 MADEIRA AVE.,STE.310
CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1320 SO. DIXIE HWY.

3. Mailing Address

1320 SO. DIXIE HWY.

Suite, Apt. #, etc.

Suite 280

Suite, Apt. #, etc.

Suite 280

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33140

Country

Zip

33140

Country

4. FEI Number

65-1038802

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ DE VARONA, RAUL J ESQ.
145 MADEIRA AVE.,STE.310
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

1320 SO. DIXIE HWY.

Suite 280

City

Coral Gables

FL

Zip Code

33140

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

TITLE	D	<input type="checkbox"/> Delete
NAME	SANCHEZ DE VARONA, RAUL J	
STREET ADDRESS	145 MADEIRA AVE.,STE.310	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANCHEZ DE VARONA, MARIA	
STREET ADDRESS	145 MADEIRA AVE.,STE.310	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ DE VARONA, RAUL	
STREET ADDRESS	1320 SO DIXIE Highway, Suite 280	
CITY-ST-ZIP	Coral Gables FL 33146	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ DE VARONA MARIA	
STREET ADDRESS	1320 SO DIXIE Highway, Suite 280	
CITY-ST-ZIP	Coral Gables FL 33146	
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		

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:

UNRECORDED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02 **305-667-7733**

Date

Daytime Phone #

CR2E034 (9/01)