

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000026876

1. Entity Name
JAVIDULEY INTERNATIONAL USA INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90146 043 ***150.00

Principal Place of Business
7836 KILLIAN DR.
ORLANDO FL 32822-7643

Mailing Address
1137 CREEK AVENUE
ORLANDO FL 32825

2. Principal Place of Business
7836 Killian Dr

3. Mailing Address

Suite, Apt. #, etc.
Orlando FL

Suite, Apt. #, etc.
7836 Killian Dr

City & State

City & State
Orlando FL

Zip
32822

Country
USA

Zip
32822-7643

Country
USA

4. FEI Number

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

SATIZABAL, JAVIER
7836 KILLIAN DR.
ORLANDO FL 32822-7643

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, 2001 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	VD	<input type="checkbox"/> Delete
NAME	SATIZABAL, JAVIER D	
STREET ADDRESS	7836 KILLIAN DR.	
CITY-ST-ZIP	ORLANDO FL 32822-7643	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SATIZABAL, DIANA M	
STREET ADDRESS	7836 KILLIAN DR.	
CITY-ST-ZIP	ORLANDO FL 32822-7643	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SATIZABAL, MAURICIO	
STREET ADDRESS	7836 KILLIAN DR.	
CITY-ST-ZIP	ORLANDO FL 32822-7643	
TITLE	S	<input type="checkbox"/> Delete
NAME	VALDEZ, DULEY	
STREET ADDRESS	7836 KILLIAN DR.	
CITY-ST-ZIP	ORLANDO FL 32822-7643	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	
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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: Javi Sufi Sol
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/12/01

Date Daytime Phone #

CR2E034 (10/00)