

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**  
 04-30-2001 90113 043 \*\*\*150.00

**DOCUMENT # P00000028621**

1. Entity Name  
**OVO INTERNATIONAL, INC.**

Principal Place of Business Mailing Address  
**8660 NW 5TH TERRACE #206** **8660 NW 5TH TERRACE #206**  
**MIAMI FL 33126** **MIAMI FL 33126**

2. Principal Place of Business 3. Mailing Address  
**10750 NW 66ST** **SAME**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**402**

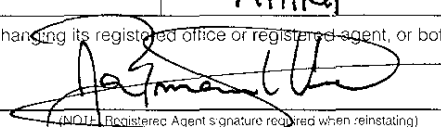
City & State City & State  
**MIAMI FLORIDA**  
 Zip Country Zip Country  
**33178 USA**

4. FEI Number **65-0994361** Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**BODIN, GLORIA ROA**  
**2655 LEJEUNE ROAD SUITE 1001**  
**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent  
 Name **JESUS A. VERA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**10750 NW 66ST APT 402**  
 City **MIAMI** FL Zip Code **33178**

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 **JESUS A. VERA**  DATE **04-23-01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
<b>DPT</b>			<b>PRESIDENT</b>		
<b>VERA, JESUS ARMANDO</b>			<b>VERA, JESUS ARMANDO</b>		
<b>8660 NW 5TH TERRACE #206</b>			<b>10750 NW 66ST APT 402</b>		
<b>MIAMI FL 33126</b>			<b>MIAMI FL 33178</b>		
<b>V</b>			<b>VICE-PRESIDENT</b>		
<b>VERA, DORA</b>			<b>VERA, DORA</b>		
<b>8660 NW 5TH TERRACE #206</b>			<b>119 MENDEZ AV, APT #1</b>		
<b>MIAMI FL 33126</b>			<b>MIAMI FLORIDA 33134</b>		
<b>S</b>			<b>SECRETARY</b>		
<b>LUCIANI, ROBERTA</b>			<b>LUCIANI ROBERTA</b>		
<b>8660 NW 5TH TERRACE #206</b>			<b>10750 NW 66ST APT 402</b>		
<b>MIAMI FL 33126</b>			<b>MIAMI FL 33178</b>		
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:  **04/23/01** **205-5918686**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**786-4896671**

CR2E034 (10/00)