

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90141 003 ***150.00

0006571 AT

DOCUMENT # P00000028621

1. Entity Name

OVO INTERNATIONAL, INC.



Principal Place of Business

**3930 ADRA AVENUE
MIAMI FL 33178**

Mailing Address

**3930 ADRA AVENUE
MIAMI FL 33178**

11031748



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0994361

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VERA, JESUS A
3930 ADRA AVENUE
MIAMI FL 33178**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/27/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **VERA, JESUS ARMANDO**
STREET ADDRESS **10750 NW 66TH STREET APT 402**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE **P** ☒ Change ☐ Addition
NAME **VERA, JESUS ARMANDO**
STREET ADDRESS **3930 ADRA AV.**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE **VP** ☐ Delete
NAME **VERA, DORA**
STREET ADDRESS **119 MENORES AVE APT #1**
CITY-ST-ZIP **MIAMI FL 33134**

TITLE **VP** ☒ Change ☐ Addition
NAME **VERA, DORA**
STREET ADDRESS **660 WEST PARK DR.**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE **S** ☒ Delete
NAME **LUCIANI, ROBERTA**
STREET ADDRESS **10750 NW 66TH STREET APT 402**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE **S** ☐ Change ☒ Addition
NAME **VERA, JUSTO**
STREET ADDRESS **15665 MIAMI LAKEWAY NORTH #301**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

REGISTERED REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/03

Date

Daytime Phone #

786-4886666

CR2E034 (10/02)