

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

2002

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90105 036 ***150.00

DOCUMENT # P00000034420
1. Entity Name
 J.V.M. DISTRIBUTORS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 9621 FOUNTAIBLEAU BLVD.
 Suite, Apt. #, etc.
 # 412

3. Mailing Address
 9621 FOUNTAIBLEAU BLVD.
 Suite, Apt. #, etc.
 # 412

DO NOT WRITE IN THIS SPACE

City & State
 MIAMI, FLORIDA

City & State
 MIAMI, FLORIDA

Zip 33172 **Country** MIAMI-DADE

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4. FEI Number
 65-1027896

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name MARIA MARIANEAU

Street Address (P.O. Box Number is Not Acceptable)
 9621 FOUNTAIBLEAU BLVD. # 412

City MIAMI **FL** **Zip Code** 33172

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

January 1 - May 1 Fee is \$150.00.
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD Maria Marineau 9621 Fontaibleau Blvd. # 412 Miami, Florida 33172
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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 on an attachment with an address, with all other I am empowered.

SIGNATURE:  **MARIA MARINEAU** **4-16-02** **(305) 498-1618**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)