

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 26, 2003 8:00 am
Secretary of State
03-26-2003 90140 013 ***158.75

DOCUMENT #

P 00000034420

1. Entity Name

J.V.M. DISTRIBUTORS, INC.

DO NOT WRITE IN THIS SPACE

90061436

2. Principal Place of Business

9621 FOANTAINBLEAU BLVD.

3. Mailing Address

6317 S.W. 11 STREET

Suite, Apt. #, etc.

412

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

WEST MIAMI, FLORIDA

4. FEI Number

65-1027896

Applied For

Not Applicable

Zip

33172

Country

MIAMI-DADE

Zip

33144

Country

MIAMI-DADE

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Maria Marianeau

Street Address (P.O. Box Number is Not Acceptable)

9621 Foanteaubleau Blvd. # 412

City

Miami

FL

Zip Code

33172

**DO NOT WRITE
IN THIS SPACE**

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) ☐

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-STATE-ZIP
PSTD
Maria Marianeau
9621 Foantainbleau Blvd. 412
Miami, Florida 33172

TITLE
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CITY-STATE-ZIP

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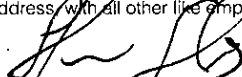
TITLE
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CITY-STATE-ZIP

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CITY-STATE-ZIP

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IN THIS SPACE**

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 like empowered.

SIGNATURE:



MARIA MARIANEAU

3.21-03

(305) 498-1618

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)