

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

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90082 020 ***158.75

DOCUMENT # **P 000000 52174**

1. Entity Name

THE GAVA GROUP, INC.

DO NOT WRITE IN THIS SPACE

639931

2. Principal Place of Business

125 N.W. 106TH AVENUE

3. Mailing Address

125 N.W. 106TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PEMBROKE PINES, FLORIDA

City & State

PEMBROKE PINES, FLORIDA

4. FEI Number

65 1013 214

Applied For

Not Applicable

Zip

33026

Country

BROWARD

Zip

33026

Country

BROWARD

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

MARCIA DE MIGUEL

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

125 N.W. 106TH AVENUE

City

PEMBROKE PINES, FL

Zip Code

33026

**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-ST-ZIP	PRESIDENT ALFREDO DE MIGUEL 125 N.W. 106 AVE PEMBROKE PINES, FL. 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MARCIA DE MIGUEL 125 N.W. 106 AVE. PEMBROKE PINES, FL. 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ALENA METALLIDOS 125 N.W. 106 AVE PEMBROKE PINES, FL. 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ALEXIS GONZALEZ 16402 SAPPHIRE BEND WESTON, FL. 33331
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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALFREDO DE MIGUEL

4-15-2002

Date

954-899-0103

Daytime Phone #

CR2E034B (12/01)