

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90074 016 \*\*\*150.00

**DOCUMENT # P00000061035**

1. Entity Name

**BJV ENTERPRISE, INC.**

Principal Place of Business

**15867 SOUTHWEST 54TH TERRACE  
MIAMI FL 33185**

Mailing Address

**POST OFFICE BOX 655126  
MIAMI FL 33265-5126**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **BYRON J. VALDIVIA**  
Street Address (P.O. Box Number is Not Acceptable)  
**15867 S.W. 54TH TERRACE**  
City **MIAMI** FL **33185**

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

**Byron J. Valdivia** **3/2/01**  
(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) ☒

**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

TITLE ☐ Delete  
NAME **PTD**  
STREET ADDRESS **VALDIVIA, BYRON J**  
CITY-ST-ZIP **15867 SOUTHWEST 54TH TERRACE  
MIAMI FL 33185**

TITLE ☐ Delete  
NAME **SVD**  
STREET ADDRESS **VALDIVIA, MADELEINE M**  
CITY-ST-ZIP **15867 SOUTHWEST 54TH TERRACE  
MIAMI FL 33185**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

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

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: *Byron Valdivia*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/2/01** **305-266-2377**  
Date Daytime Phone #

0602731

CR2E034 (10/00)