

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90025 016 ***150.00

DOCUMENT # P00000065473

1. Entity Name
MVP BUILDERS, INC.

Principal Place of Business

**2088 NW 79 AVE
 MIAMI FL 33122**

Mailing Address

**P O BOX 260610
 PEMBROKE PINES FL 33026**

2. Principal Place of Business

11899 W. RIDGEVIEW DR.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

DAVIE - FL

City & State

4. FEI Number

65-1022147

Applied For

Not Applicable

Zip

Country

33330 BROWARD

Zip

Country

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

6. Name and Address of Current Registered Agent

**MARRERO, ARTURO
 2088 NW 79 AVE
 MIAMI FL 33122**

7. Name and Address of New Registered Agent

Name **MARRERO ARTURO**
 Street Address (P.O. Box Number is Not Acceptable) **11899 W. RIDGEVIEW DR.**
 City **DAVIE** FL **33330**

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 **ARTURO MARRERO, PRESIDENT**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-2-02

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, 2002 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	PD <input type="checkbox"/> Delete
NAME	MARRERO, ARTURO
STREET ADDRESS	11899 W. RIDGEWAY DR.
CITY-ST-ZIP	DAVIE FL 33330
TITLE	VD <input type="checkbox"/> Delete
NAME	GARCIA, PABLO
STREET ADDRESS	392 LAGUNA AVE.
CITY-ST-ZIP	KEY LARGO FL 33037
TITLE	SD <input type="checkbox"/> Delete
NAME	GARCIA, VENACIO
STREET ADDRESS	260 PAIN DR.
CITY-ST-ZIP	MIAMI SPRING FL 33166
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-02 954-915-0288

Date

Daytime Phone #

CR2E034 (9/01)