

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2001 8:00 am
Secretary of State

08-21-2001 90001 002 ***150.00

0021944 AV

DOCUMENT # P00000081671

1. Entity Name

J.M.V. TRADING CORP.



Principal Place of Business: **11634 N.W. 91 PLACE
HIALEAH GARDENS FL 33018**

Mailing Address: **11634 N.W. 91 PLACE
HIALEAH GARDENS FL 33018**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1050443

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VERA, JOSE

11634 N.W. 91 PLACE

HIALEAH GARDENS FL 33018

Name

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

City

FL

Zip Code

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) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **PTD**
NAME: **VERA, JOSE M**
STREET ADDRESS: **11634 N.W. 91 PLACE**
CITY-ST-ZIP: **HIALEAH GARDENS FL 33018**

☐ Delete

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

TITLE: **SVD**
NAME: **VERA, OLGA L**
STREET ADDRESS: **11634 N.W. 91 PLACE**
CITY-ST-ZIP: **HIALEAH GARDENS FL 33018**

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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 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

8/15/01

Date

Daytime Phone #

CR2E034 (5/01)

Attachment 977749

Department of State

Ref: P00000081671

Copy our telephone conversation
I am enclosing a check for
the amount of \$150.00, since
I never received the first
notice.

Thank you,
for M. Dem