

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000093395

1. Entity Name
VIVANCO DEVELOPMENT CORP.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90159 043 ***150.00

Principal Place of Business
555 NE 34TH ST., SUITE 1008
MIAMI FL 33137

Mailing Address
555 NE 34TH ST., SUITE 1008
MIAMI FL 33137

2. Principal Place of Business
9251 S.W. 11TH STREET
Suite, Apt. #, etc.

3. Mailing Address
9251 S.W. 11TH STREET
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FLORIDA
Zip
33174
Country
USA

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MIAMI, FLORIDA
Zip
33174
Country
USA

4. FEI Number
65-1055257
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

VIVANCO, JUAN
555 NE 34TH ST., SUITE 1008
MIAMI FL 33137

Name
Street Address (P.O. Box Number is Not Acceptable)
9251 S.W. 11TH ST.
City
MIAMI FL Zip Code
33174

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$350.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D VIVANCO, JUAN 555 NE 34TH ST., SUITE 1008 MIAMI FL 33137	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	9251 S.W. 11 TH ST. MIAMI, FLORIDA 33174	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 1/12/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)