

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

03-26-2002 90025 018 \*\*\*150.00

**DOCUMENT # P00000097751**

**1. Entity Name**  
**PSVNC, INC.**

**Principal Place of Business**

**2088 NW 79TH AVENUE**  
**MIAMI FL 33122**

**Mailing Address**

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



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**11899 W. RIDGEVIEW DR**

Suite, Apt. #, etc.

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State**

**DAVIE FL**

**City & State**

**DAVIE FL**

**4. FEI Number**

**65-1048273**

**Applied For**

**Not Applicable**

**Zip**

**33330**

**Country**

**BROWARD**

**Zip**

**33330**

**Country**

**FL**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MARRERO, ARTURO**  
**2088 NW 79TH AVENUE**  
**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**

**Zip Code**

**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** **PRESIDENT**  
**ARTURO MARRERO**

**(NOTE: Registered Agent Signature required when reinstating)**

**DATE** **3-22-02**

**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** ☐ Delete  
**NAME** **MARRERO, ARTURO**  
**STREET ADDRESS** **11899 W RIDGEVIEW DR**  
**CITY-ST-ZIP** **DAVIE FL 33330**

**TITLE:** **VP** ☐ Delete  
**NAME** **VENANCIO, GARCIA**  
**STREET ADDRESS** **260 PAIN DR**  
**CITY-ST-ZIP** **MIAMI SPRINGS FL 33166**

**TITLE** **S** ☐ Delete  
**NAME** **GARCIA, PABLO R**  
**STREET ADDRESS** **392 LAGUNA AVE**  
**CITY-ST-ZIP** **KEY LARGO FL 33037**

**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** **VP** ☒ Change ☐ Addition  
**NAME** **VENANCIO GARCIA**  
**STREET ADDRESS** **260 PAYNE DR.**  
**CITY-ST-ZIP** **MIAMI SPRING FL 33166**

**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**

**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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**

CR2E034 (9/01)