FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 16, 2002 8:00 am Secretary of State P00000117200 DOCUMENT # 1. Entity Name M.V. & V. CORP. 01-16-2002 90082 035 ***150.00 Principal Place of Business Mailing Address 1133 CAMELIA CIRCLE 1133 CAMELIA CIRCLE WESTON FL 33326 WESTON FL 33326 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apte#, etc. DO NOT WRITE IN THIS SPACE 3.7 50 City & State City & State 4. FEI Number Applied For 65-1063201 Not Applicable -Country ---Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAUTANT, MARIA M Street Address (P.O. Box Number is Not Acceptable) 1133 CAMELIA CIRCLE WESTON FL 33326 City 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. SIGN 🔏 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSD -TITLE TITLE ☐ Addition Delete DAUTANT, MARIA M NAME NAME 1133 CAMELIA CIRCLE STREET ADDRESS STREET ADDRESS WESTON FL 33326 CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE MAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 his eport 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.