

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**  
 05-19-2002 90175 009 \*\*\*158.75

**DOCUMENT # P01000004064**

1. Entity Name  
**JOVAN CORP.**

Principal Place of Business

~~1856 DIXIE AVE STREET~~  
**HOLLYWOOD FL 33020**

Mailing Address

~~1856 DIXIE AVE STREET~~  
**HOLLYWOOD FL 33020**

2. Principal Place of Business

**1010-B North 20th Ave**

3. Mailing Address

**1631 Dewey St**

Suite, Apt. #, etc.

**Hollywood Pl.**

Suite, Apt. #, etc.

**Hollywood**

City & State

City & State **Fl.**

Zip

**33020**

Country

Zip

**33020**

Country

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

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 \$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 **PSTD** ☐ Delete  
 NAME **PAZIN, JOHN J**  
 STREET ADDRESS **~~1856 DIXIE AVE STREET~~ 1631 DEWEY ST.**  
 CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **SECRETARY / TR.** ☐ Delete  
 NAME **PAZIN JASON J.**  
 STREET ADDRESS **33020**  
 CITY-ST-ZIP **1638 DEWEY ST #8 Hwd FL.**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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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:

**JOHN PAZIN**

**4/26-02**

Date

Daytime Phone #

CR2E034 (9/01)