

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90339 001 ***150.00

DOCUMENT # **P 0100000 7043**

1. Entity Name

CORVEZ INC.

DO NOT WRITE IN THIS SPACE

80053750

2. Principal Place of Business

7601 EAST TREASURE

Suite, Apt. #, etc. **DR #1807**

3. Mailing Address

UGO V. CHIARATO, C.P.A.

Suite **220**, **220 71ST STREET - SUITE 213**
MIAMI BEACH, FL 33141

DO NOT WRITE IN THIS SPACE

City & State

NORTH BAY VILLAGE

City & State

4. FEI Number

04-3603740

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

UGO V. CHIARATO, C.P.A.

Street Address (P.O. Box Number is Not Applicable) **220 71ST STREET - SUITE 213**

MIAMI BEACH, FL 33141

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

Ugo V. Chiarato **MARCH 15, 2002**

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP

**PH/3/D
CARINNE CORVEZ
7601 EAST TREASURE DR #1807
NORTH BAY VILLAGE, FL 33141**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-15-02 3058610100

Date

Daytime Phone #

CR2E034B (12/01)