

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91163 004 ***150.00

DOCUMENT # P01000048317

1. Entity Name
MVC SERVICES INC.



Principal Place of Business
**C/O MICHAEL ORTIZ
2600 DOUGLAS ROAD PENTHOUSE SIX
CORAL GABLES FL 33134**

Mailing Address
**C/O MICHAEL ORTIZ
2600 DOUGLAS ROAD PENTHOUSE SIX
CORAL GABLES FL 33134**



2. Principal Place of Business
2121 Ponce de Leon Blvd

3. Mailing Address
2121 Ponce de Leon Blvd

Suite, Apt. #, etc.
330

Suite, Apt. #, etc.
330

☒ CHECK HERE IF MAKING CHANGES

City & State
Coral Gables, Florida

City & State
Coral Gables, Florida

4. FEI Number
65-1103755

Applied For
☐ Not Applicable

33134 Country
USA

Zip 33134 Country
USA

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

**ORTIZ, MICHAEL
2600 DOUGLAS ROAD PENTHOUSE SIX
CORAL GABLES FL 33134**

Name
Michael Ortiz
Street Address (P.O. Box Number is Not Acceptable)
**2121 Ponce de Leon Blvd
Ste. 330**
City **Coral Gables** **FL** Zip Code
33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **HORST, EYLERTS**
STREET ADDRESS **10500 SW 128TH STREET**
CITY-ST-ZIP **MIAMI FL 33176**

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

TITLE **ST** ☐ Delete
NAME **EYLERTS, KIRSTEN**
STREET ADDRESS **10500 SW 128TH STREET**
CITY-ST-ZIP **MIAMI FL 33176**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **VP**
STREET ADDRESS **Ortiz, Michael**
CITY-ST-ZIP **2121 Ponce de Leon Blvd, Ste. 330
Coral Gables, FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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

Date

Daytime Phone #

4/30/03 3054X6 5770

CR2E034 (10/02)