

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90022 031 ***150.00

DOCUMENT # P01000061590

1. Entity Name
PVAR, INC.

Principal Place of Business

Mailing Address

~~8440 HOLLYWOOD BLVD STE 060~~
~~HOLLYWOOD FL 33021~~

~~8440 HOLLYWOOD BLVD STE 060~~
~~HOLLYWOOD FL 33021~~

2. Principal Place of Business

1359 LYONS ROAD

3. Mailing Address

1359 LYONS ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COCONUT CREEK

City & State

COCONUT CREEK

4. FEI Number

65-1115239

Applied For

Not Applicable

Zip

33063

Country

BROWARD

Zip

33063

Country

BROWARD

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~ROTH ROUSSE & DARRACH PA~~
~~8440 HOLLYWOOD BLVD STE 060~~
~~HOLLYWOOD FL 33021~~

7. Name and Address of New Registered Agent

Name
Thomas Messer BPA

Street Address (P.O. Box Number is Not Acceptable)

1323 LYONS ROAD

City

COCONUT CREEK

FL

Zip Code

33063

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 **Thomas Messer BPA**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Accountant 03/11/02

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 **SRUR, PAULINA B**
STREET ADDRESS **9135 RAMBLEWOOD DR APT 134**
CITY-ST-ZIP **CORAL SPRINGS FL 33071-7031**

TITLE **VSD** ☐ Delete
NAME **PICK, MARIANO**
STREET ADDRESS **9135 RAMBLEWOOD DR APT 134**
CITY-ST-ZIP **CORAL SPRINGS FL 33071-7031**

TITLE **TD** ☐ Delete
NAME **PICK, ANDRES**
STREET ADDRESS **9135 RAMBLEWOOD DR APT 134**
CITY-ST-ZIP **CORAL SPRINGS FL 33071-7031**

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 **Harari, Paulina B**
STREET ADDRESS **(Correction of name)**
CITY-ST-ZIP

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

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

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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: **Paulina B. Harari** **PAULINA B. HARARI SEUR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-957 8310

CR2E034 (9/01)