


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

04-16-2003 90257 032 ***150.00

DOCUMENT # P01000062731	
1. Entity Name CORVO FAMILY BUSINESS, INC.	

Principal Place of Business 15450 NEW BARN ROAD, SUITE 302 MIAMI LAKES FL 33014	Mailing Address 15450 NEW BARN ROAD, SUITE 302 MIAMI LAKES FL 33014
--	--

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-1115031	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORVO, LOURDES 15450 NEW BARN ROAD, SUITE 302 MIAMI LAKES FL 33014	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. 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** _____

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																		
<table border="1"> <tr> <td>TITLE</td> <td>NAME</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td colspan="3">PTD JELINCIC, LOURDES C 15450 NEW BARN ROAD, SUITE 302 MIAMI LAKES FL 33014</td> </tr> </table>	TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	CITY - ST - ZIP		PTD JELINCIC, LOURDES C 15450 NEW BARN ROAD, SUITE 302 MIAMI LAKES FL 33014			<table border="1"> <tr> <td>TITLE</td> <td>NAME</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td colspan="3">VPSD DIAZ, MARIA CRISTINA 8545 N.W. 165 STREET MIAMI FL 33016</td> </tr> </table>	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	CITY - ST - ZIP		VPSD DIAZ, MARIA CRISTINA 8545 N.W. 165 STREET MIAMI FL 33016		
TITLE	NAME	<input type="checkbox"/> Delete																	
STREET ADDRESS	CITY - ST - ZIP																		
PTD JELINCIC, LOURDES C 15450 NEW BARN ROAD, SUITE 302 MIAMI LAKES FL 33014																			
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																	
STREET ADDRESS	CITY - ST - ZIP																		
VPSD DIAZ, MARIA CRISTINA 8545 N.W. 165 STREET MIAMI FL 33016																			
<table border="1"> <tr> <td>TITLE</td> <td>NAME</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td colspan="3"></td> </tr> </table>	TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	CITY - ST - ZIP					<table border="1"> <tr> <td>TITLE</td> <td>NAME</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td colspan="3"></td> </tr> </table>	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	CITY - ST - ZIP				
TITLE	NAME	<input type="checkbox"/> Delete																	
STREET ADDRESS	CITY - ST - ZIP																		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																	
STREET ADDRESS	CITY - ST - ZIP																		
<table border="1"> <tr> <td>TITLE</td> <td>NAME</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td colspan="3"></td> </tr> </table>	TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	CITY - ST - ZIP					<table border="1"> <tr> <td>TITLE</td> <td>NAME</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td colspan="3"></td> </tr> </table>	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	CITY - ST - ZIP				
TITLE	NAME	<input type="checkbox"/> Delete																	
STREET ADDRESS	CITY - ST - ZIP																		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																	
STREET ADDRESS	CITY - ST - ZIP																		
<table border="1"> <tr> <td>TITLE</td> <td>NAME</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td colspan="3"></td> </tr> </table>	TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	CITY - ST - ZIP					<table border="1"> <tr> <td>TITLE</td> <td>NAME</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td colspan="3"></td> </tr> </table>	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	CITY - ST - ZIP				
TITLE	NAME	<input type="checkbox"/> Delete																	
STREET ADDRESS	CITY - ST - ZIP																		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																	
STREET ADDRESS	CITY - ST - ZIP																		
<table border="1"> <tr> <td>TITLE</td> <td>NAME</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td colspan="3"></td> </tr> </table>	TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	CITY - ST - ZIP					<table border="1"> <tr> <td>TITLE</td> <td>NAME</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td colspan="3"></td> </tr> </table>	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	CITY - ST - ZIP				
TITLE	NAME	<input type="checkbox"/> Delete																	
STREET ADDRESS	CITY - ST - ZIP																		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																	
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]* **SIGNATURE REQUIRED** 4-28-03 3058282300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)