## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) May 16, 2002 8:00 am<sup>§</sup> Secretary of State P01000066948 DOCUMENT # 1. Entity Name T.M.V. INVESTMENT, CORP. 05-16-2002 90008 015 \*\*\*150.00 Principal Place of Business Mailing Address 2500 S.W. 107TH AV. #49 2500 S.W. 107TH AV. #49 MIAM) FL 33165 MIAMI FL 33165 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65 -Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent - - - 7: Name and Address of New Registered Agent" MARTINEZ, DORYS Street Address (P.O. Box Number is Not Acceptable) 2500 S.W. 107TH AV. #49 **MIAMI FL 33165** City 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. ŚIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) TITLE ☐ Delete TITLE Change **DEL GROSSO, TONINO I** NAME NAME 2500 S.W. 107TH AV. #49 STREET ADDRESS STREET ADDRESS **MIAMI FL 33165** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition DEL GROSSO, MIGUEL I NAME NAME 2500 S.W. 107TH AV. #49 STREET ADDRESS STREET ADDRESS **MIAMI FL 33165** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change □.Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE DILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP TITLE ☐ Delete Change ■ Addition TITLE

13. I hereby certify that the information supp in this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or supplemental to of the corporation or the receiver or changed, or on an attachment

CITY-ST-ZIP

STREET ADDRESS

NAMÉ

SIGNATURE: 1

STREET ADDRESS

CITY-ST-ZIP

Date

Daytime Phone #