

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

**FILED**  
**Sep 04, 2002 8:00 am**  
**Secretary of State**

09-04-2002 90087 003 \*\*\*150.00

DOCUMENT #: P01000069578  
1. Entity Name

**CVP INC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**4575 SUMMER FIELD# 5**

3. Mailing Address  
**4575 SUMMER FIELD #5**

Suite, Apt. #, etc.  
**KIRKMAN ROD**

Suite, Apt. #, etc.  
**KIRKMAN ROAD**

City & State  
**ORLANDO, FL**

City & State  
**ORLANDO, FL**

4. FEI Number  
**59-3730365**

Applied For  
Not Applicable

Zip  
**32811**

Country

Zip  
**32811**

Country

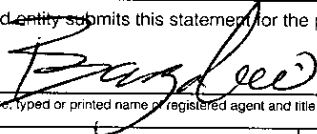
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**POOJA P ZAGDA**  
Street Address (P.O. Box Number is Not Acceptable)  
**4575 SUMMER FIELD # 5**  
**KIRKMAN ROAD**  
City  
**ORLANDO FL** Zip Code  
**32811**

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

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  
**P/S/T**  
**ZAGDA, POOJA P**  
**4575 SUMMER FIELD # 5**  
**KIRKMAN ROAD, ORLANDO, FL 32811**

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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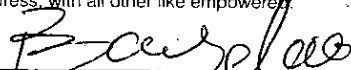
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 empowers.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

attachment

978098

CVP INC  
4575 SUMMER FIELD, APT # 5  
KIRKMAN ROAD  
ORLANDO, FL 32811

P01000069578

FLORIDA DEPARTMENT OF REVENUE  
DIVISION OF CORPORATIONS  
P O BOX 6327  
TALLAHASSEE, FL 32601

ck# 1268  
\$ 150.00

DOC # P01000069578  
UBR 2002

We have not received your preprinted form UBR 2002 so far. Probably it was lost in postal transit or misplaced. There is a change in the mailing address. We request you to change your records accordingly.

We enclose the form UBR 2002 . We request you not to levy any penalty as this is not our intentional mistake. As this form is not regular tax form and we are new to the business, it was lost our attention.

Please excuse us this time.

Thanking you, for your cooperation.



Pooja P Zagda  
August 26, 2002