

**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

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

**DO NOT WRITE
IN THIS SPACE**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 empowered.

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

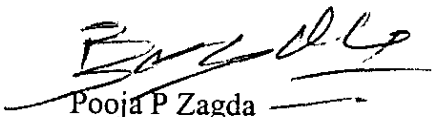
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UBR 2002

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