

2003

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91779 038 \*\*\*150.00

<b>DOCUMENT #</b> P01000077155
<b>1. Entity Name</b> MDV Consulting, Inc.

DO NOT WRITE IN THIS SPACE

11041213

<b>2. Principal Place of Business</b> 117 Hollie Court Suite, Apt. #, etc.	<b>3. Mailing Address</b> P.O. Box 947618 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b> Maitland, FL	<b>City &amp; State</b> Maitland, FL	<b>4. FEI Number</b> 59-3739178	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>Zip</b> 32751	<b>Country</b> USA	<b>Zip</b> 32794-7618	<b>Country</b> USA
		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name  
del Valle, Manny  
Street Address (P.O. Box Number is Not Acceptable)  
117 Hollie Court  
  
City  
Maitland FL Zip Code  
32751

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

4/17/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

## 10. OFFICERS AND DIRECTORS

<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D/P/S/T del Valle, Manny 117 Hollie Court Maitland, FL 32751	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Manny del Valle

Date

4/17/03

Daytime Phone #

407-599-1212