

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

FILED
Jul 03, 2003 8:00 am
Secretary of State

07-03-2003 90030 006 ***150.00

DOCUMENT # *P01000080353*

1. Entity Name

W & V SERVICE INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3620 NW 30th Ave.

3. Mailing Address

SAME

Suite, Apt. #, etc.

C.313

Suite, Apt. #, etc.

C.313

City & State

MIAMI FL.

City & State

MIAMI

4. FEI Number

65-1130230

Applied For

Not Applicable

Zip

33142

Country

DADE

Zip

33142

Country

DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

WILLIAM CRUZ

Street Address (P.O. Box Number is Not Acceptable)

3620 NW 30th Ave # C 313

City

MIAMI

FL

Zip Code

33142

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

(Type or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

6/26/03

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

TITLE *PRESIDENT*
NAME *WILLIAM CRUZ*
STREET ADDRESS *3620 NW 30th Ave #C313*
CITY-ST-ZIP *MIAMI FL 33142*

TITLE
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IN THIS SPACE**

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/26/03

Daytime Phone #

CR2E034B (12/02)