

# 2002 UNIFORM BUSINESS REPORT (UBR)

5/2

**FILED**  
**Jun 19, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91292 011 \*\*\*150.00

**DOCUMENT # P01000091734**

1. Entity Name

**MRV CHEVRON, INC.**

Principal Place of Business

**8471 LOCKWOOD RIDGE  
 SARASOTA FL 34243**

Mailing Address

**8471 LOCKWOOD RIDGE  
 SARASOTA FL 34243**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1137339**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DOSS, MAGDY  
 4211 DOVER DR. EAST  
 BRADENTON FL 34203**

Name

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

City

**FL**

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.

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) ☐

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2002 Fee will be \$550.00**

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                               |                                 |
|----------------|-------------------------------|---------------------------------|
| TITLE          | D                             | <input type="checkbox"/> Delete |
| NAME           | DOSS, MAGDY                   |                                 |
| STREET ADDRESS | 4211 DOVER DR. EAST           |                                 |
| CITY-ST-ZIP    | BRADENTON FL 34203            |                                 |
| TITLE          | D                             | <input type="checkbox"/> Delete |
| NAME           | DOSS, MARINA                  |                                 |
| STREET ADDRESS | 703 MARDEL DR., NO. 508       |                                 |
| CITY-ST-ZIP    | NAPLES FL 34104               |                                 |
| TITLE          | D                             | <input type="checkbox"/> Delete |
| NAME           | GIRGIS, RAMZY                 |                                 |
| STREET ADDRESS | 5010 47TH AVE. WEST, NO. 1710 |                                 |
| CITY-ST-ZIP    | BRADENTON FL 34210            |                                 |
| TITLE          |                               | <input type="checkbox"/> Delete |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |
| TITLE          |                               | <input type="checkbox"/> Delete |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |
| TITLE          |                               | <input type="checkbox"/> Delete |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |

|                |                            |                                                                   |
|----------------|----------------------------|-------------------------------------------------------------------|
| TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <del>DOSS, MAGDY</del>     |                                                                   |
| STREET ADDRESS |                            |                                                                   |
| CITY-ST-ZIP    |                            |                                                                   |
| TITLE          | VICE PRESIDENT + SECRETARY | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | DOSS, MARINA               |                                                                   |
| STREET ADDRESS | 1886 WHARF RD              |                                                                   |
| CITY-ST-ZIP    | SARASOTA FL 34231          |                                                                   |
| TITLE          | VICE PRESIDENT + TREASURY  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | GIRGIS, RAMZY              |                                                                   |
| STREET ADDRESS | 5010 47TH AVE. W. # 1710   |                                                                   |
| CITY-ST-ZIP    | BRADENTON FL 34210         |                                                                   |
| TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                            |                                                                   |
| STREET ADDRESS |                            |                                                                   |
| CITY-ST-ZIP    |                            |                                                                   |
| TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                            |                                                                   |
| STREET ADDRESS |                            |                                                                   |
| CITY-ST-ZIP    |                            |                                                                   |
| TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                            |                                                                   |
| STREET ADDRESS |                            |                                                                   |
| CITY-ST-ZIP    |                            |                                                                   |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-30-02 (941)730-6523**

CR2E034 (9/01)