

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90185 041 ***150.00

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DOCUMENT # P01000106993

1. Entity Name
P.P.V. SERVICES, INC.



Principal Place of Business
**2858 FORSYTH RD
#0900
WINTER PARK FL 32792**

Mailing Address
**10515 UNIVERSITY BLVD
#193
ORLANDO FL 32817**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **01-0618534**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ULLOA, KETTY
7253 ALOMA AVE #203B
WINTER PARK FL 32792**

7. Name and Address of New Registered Agent

Name **Adriana Gonzalez**
Street Address (P.O. Box Number is Not Acceptable)
**10515 University Blvd
#193
City ~~Orlando~~ Orlando FL Zip Code 32817**

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 *Adriana Gonzalez*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/15/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **VP** ☐ Delete
NAME **VEZGA, FERNANDO**
STREET ADDRESS **3050 CALIBRE BEND #1105**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **P** ☐ Delete
NAME **GONZALEZ, ADRIANA**
STREET ADDRESS **3050 CALIBRE BEND #1105**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Adriana Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/03

Date

Daytime Phone #

CR2E034 (10/02)