



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

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90471 039 ***150.00

DOCUMENT # **P01000109821**

1. Entity Name

M.V. PARTNERS, INC.

DO NOT WRITE IN THIS SPACE

80069077

2. Principal Place of Business

2030 NW 29th Street

3. Mailing Address

2030 NW 29th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

4. FEI Number

65-1158375

Applied For

Not Applicable

Zip **33311**

Country

USA

Zip **33311**

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name **Elizabeth KATES**

Street Address (P.O. Box Number is Not Acceptable) **4411 N.W. 10th Street**

City

Pompano Beach, FL

Zip Code

33066

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]

Patrick MEVEL

04/09/02

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

(NOTE: Registered Agent signature required when installing)

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

**President / Jacques de VERNEZOL
2807 N.E. 26th Ave
Fort Lauderdale, FL - 33306**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**Vice-President
Patrick MEVEL
1449 SE 13th Street
Fort Lauderdale, FL - 33316**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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]

Patrick MEVEL

04/09/02

954 7339089

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)