**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

## Apr 26, 2002 8:00 am § Secretary of State **DOCUMENT #** P01000110448 1. Entity Name 04-26-2002 90013 010 \*\*\*150.00 GV ENTERPRISES, INC. Principal Place of Business Mailing Address 2940 NE 164TH ST 2940 NE 164TH ST NORTH MIAMI BEACH FL 33160 NORTH MIAMI BEACH FL 33160 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 65-1154618 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired --- -- 6. Name and Address of Current Registered Agent 7: Name and Address of New Registered Agent VALLEJO, GEORGE E Street Address (P.O. Box Number is Not Acceptable) 2940 NE 164TH ST NORTH MIAMI BEACH FL 33160 City 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, 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. FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE ☐ Delete NAME VALLEJO, GEORGE E NAME STREET ADDRESS STREET ADDRESS 2940 NE 164TH ST CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI BEACH FL 33160 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ~ Addition TITLE Delete 1 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(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 Block 12 if

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR