

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90180 015 \*\*\*150.00

**DOCUMENT # P02000020745**

1. Entity Name  
**FV INTERCHANGEABLE, INC.**



Principal Place of Business  
**C/O MANUEL M. ARVESU, P.A.  
201 ALHAMBRA CIRCLE, SUITE 502  
CORAL GABLES FL 33134**

Mailing Address  
**C/O MANUEL M. ARVESU, P.A.  
201 ALHAMBRA CIRCLE, SUITE 502  
CORAL GABLES FL 33134**



2. Principal Place of Business  
**1290 WESTON RD**

3. Mailing Address  
**LIVE OAK LANE**

Suite, Apt. #, etc.  
**210**

Suite, Apt. #, etc.  
**510**

City & State  
**WESTON FL**

City & State  
**WESTON FL**

Zip  
**33326**

Country

Zip  
**3332**

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **74-3040383**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ARVESU, MANUEL M ESQ.  
201 ALHAMBRA CIRCLE  
SUITE 502  
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **UTO Solb**  
Street Address (P.O. Box Number is Not Acceptable)

**510 LIVE OAK LANE**

City **WESTON FL** Zip Code **33327**

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]** DATE **02-19-2003**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD DALLA-CIA, GIUSEPPE 201 ALHAMBRA CIRCLE, SUITE 502 CORAL GABLES FL 33134</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD DALLA-CIA, GIUSEPPE 1470 VICTORIA LANE DR WESTON FL 33327</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **02-19-2003**

DAYTIME PHONE # **9546590858**

Date Daytime Phone #

CR2E034 (10/02)