

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91422 026 ***150.00

2274 AV

DOCUMENT # P02000020930

1. Entity Name
M.G.V. INTERNATIONAL, CORP.



Principal Place of Business
**5100 NORTH OCEAN BLVD APT 810
FORTH LAUDERDALE FL 33308**

Mailing Address
**5100 NORTH OCEAN BLVD APT 810
FORTH LAUDERDALE FL 33308**



2. Principal Place of Business
5100 N. Ocean Blvd

3. Mailing Address
same

Suite, Apt. #, etc.
APT 810

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Fort Lauderdale, FL

City & State

4. FEI Number ☒ Applied For
☐ Not Applicable

Zip **33308** Country **US 4**

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VINGERHOETS, MARIO GUIDO
5100 NORTH OCEAN BLVD APT 810
FORTH LAUDERDALE FL 33308**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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 **PD** ☐ Delete
NAME **VINGERHOETS, MARIO GUIDO**
STREET ADDRESS **5100 NORTH OCEAN BLVD APT 810**
CITY-ST-ZIP **FORTH LAUDERDALE FL 33308**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: **MARIO VINGERHOETS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-24-2003

Date Daytime Phone #

CR20034 (10/02)