

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-05-2003 90153 003 ***150.00

DOCUMENT # P02000028065

1. Entity Name
G.V.S. FINANCIAL CORP.



Principal Place of Business
1482 SUMMIT RUN CIRCLE
WEST PALM BEACH FL 33415

Mailing Address
1482 SUMMIT RUN CIRCLE
WEST PALM BEACH FL 33415

2. Principal Place of Business
1856 NW 54th AVE
Suite, Apt. #, etc.

3. Mailing Address
1856 NW 54th AVE
Suite, Apt. #, etc.

City & State
Margate FL

City & State
Margate FL

4. FEI Number
04-3625643

Applied For
Not Applicable

Zip
33063 Country
Broward

Zip
33063 Country
Broward

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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 NAME STREET ADDRESS CITY-ST-ZIP | PTD VILLALTA, EDWIN G 1482 SUMMIT RUN CIRCLE WEST PALM BEACH FL 33415 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD VILLALTA, ROXANA M 1482 SUMMIT RUN CIRCLE WEST PALM BEACH FL 33415 | <input type="checkbox"/> Delete |
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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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone _____

CR2E034 (10/02)