

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 91422 017 ***150.00

0208930 AV

DOCUMENT # P02000058499

1. Entity Name
GLOVAN ENTERPRISES, INC.



Principal Place of Business
3383 NW 7TH ST. SUITE 210
MIAMI FL 33125

Mailing Address
3383 NW 7TH ST. SUITE 210
MIAMI FL 33125

2. Principal Place of Business
3383 N W 7th ST

3. Mailing Address
SAME

Suite, Apt. #, etc.
210

Suite, Apt. #, etc.
210

City & State
MIAMI

City & State
SAME

Zip
33125

Country

Zip
SAME

Country
DADE

4. FEI Number
30-0080862

Applied For
Not Applicable

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

XX CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CAMARGO, EMMA G
3393 MW 7TH ST STE 210
MIAMI FL

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
6831 S W 129 AVE APT 6
City MIAMI, FL FL Zip Code 33183

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 *Emma Camargo*
Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/25/03

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **CAMARGO, EMMA G**
STREET ADDRESS **10288 NW 9TH ST CIR APT #202**
CITY-ST-ZIP **MIAMI FL 33172**

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

TITLE **DV** ☒ Delete
NAME **GOMEZ, GLORIA**
STREET ADDRESS **11911 SW 7TH ST**
CITY-ST-ZIP **MIAMI FL 33184**

TITLE **DVP** ☐ Change ☒ Addition
NAME **PATINO COLOMBIA**
STREET ADDRESS **10801 S W 109 CT APT D104**
CITY-ST-ZIP **MIAMI, FL 33176**

TITLE **DST** ☐ Delete
NAME **DURAN, VANESSA**
STREET ADDRESS **10288 NW 9TH ST CIR APT.#202**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE **DT** ☒ Change ☐ Addition
NAME **DURAN, VANESSA**
STREET ADDRESS **6831 S W 129 AVE APT 6**
CITY-ST-ZIP **MIAMI, FL 33183**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS** ☐ Change ☒ Addition
NAME **VILLAFRADE, ALCIRA**
STREET ADDRESS **10801 S W 109 CT APT D 104**
CITY-ST-ZIP **MIAMI, FL 33176**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 an other like empowered.

SIGNATURE:

Emma Camargo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/2003

Date

305 541 4086

Daytime Phone #

CR2E034 (10/02)