2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/17

FILED
May 21, 2003 8:00 am
Secretary of State
04-17-2003 90629 024 ***150.00

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DOCUMENT # P02000075056

1. Entity Name
B & V OF AMERICA CORP.

Principal Place of Business	Mailing Address
2240 NORTH CYPRESS BEND DR. #608 POMPANO BEACH FL 33069	2240 NORTH CYPRESS BEND DR. #608 POMPANO BEACH FL 33069

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
8560 NW 64 St.	19195 Mystic Pointe Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc. 2205
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33166 Country	Zip 33180 Country

4. FEI Number 22-3857206 ☐ Applied For ☐ Not Applicable

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
CESAR, OSVALDO 19195 MYSTIC POINTE DR. #2205 MIAMI FL 33180	Name SWADKINS BRIAN Street Address (P.O. Box Number is Not Acceptable) 19195 Mystic Pointe Dr. #2205 City MIAMI, FL 33180 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: Viviana Swadkins Brian Swadkins
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	PD SWADKINS, BRIAN 2240 NORTH CYPRESS BEND DR. #608 POMPANO BEACH FL 33069	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	#D SWADKINS BRIAN 19195 Mystic Pointe Dr #2205 Aventura, Fl 33180
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SWADKINS, VIVIANA 2240 NORTH CYPRESS BEND DR. #608 POMPANO BEACH FL 33069	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	#D SWADKINS VIVIANA 19195 Mystic Pointe Dr #2205 Aventura, Fl 33180
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CESAR, OSVALDO 19195 MYSTIC POINTE DR. #2205 MIAMI FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CESAR OSVALDO 19195 Mystic Pointe Dr #2205 MIAMI, FL 33180
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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 Daytime Phone #