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
2240 NORTH CYPRESS BEND DR. #608
POMPANO BEACH FL 33069

Mailing Address
2240 NORTH CYPRESS BEND DR. #608
POMPANO BEACH FL 33069

2. Principal Place of Business: 8560 NW 64 St.
Suite, Apt. #, etc.:
City & State: MIAMI, FL
Zip: 33166 Country:

3. Mailing Address: 19195 Mystic Pointe Dr.
Suite, Apt. #, etc.: 2205
City & State: MIAMI, FL
Zip: 33180 Country:

☒ CHECK HERE IF MAKING CHANGES

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

CESAR, OSVALDO
19195 MYSTIC POINTE DR.
#2205
MIAMI FL 33180

7. Name and Address of New Registered Agent

Name: SWADKINS BRIAN
Street Address (P.O. Box Number is Not Acceptable): 19195 Mystic Pointe Dr. #2205
City: MIAMI, FL 33180 State: 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: Vivaroa / 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

TITLE	PD ☐ Delete
NAME	SWADKINS, BRIAN
STREET ADDRESS	2240 NORTH CYPRESS BEND DR. #608
CITY-ST-ZIP	POMPANO BEACH FL 33069
TITLE	VD ☐ Delete
NAME	SWADKINS, VIVIANA
STREET ADDRESS	2240 NORTH CYPRESS BEND DR. #608
CITY-ST-ZIP	POMPANO BEACH FL 33069
TITLE	SD ☐ Delete
NAME	CESAR, OSVALDO
STREET ADDRESS	19195 MYSTIC POINTE DR. #2205
CITY-ST-ZIP	MIAMI FL 33180
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD ☒ Change ☐ Addition
NAME	SWADKINS BRIAN
STREET ADDRESS	19195 Mystic Pointe Dr #2205
CITY-ST-ZIP	Aventura, Fl 33180
TITLE	D ☒ Change ☐ Addition
NAME	SWADKINS VIVIANA
STREET ADDRESS	19195 Mystic Pointe Dr #2205
CITY-ST-ZIP	Aventura, Fl 33180
TITLE	D ☒ Change ☐ Addition
NAME	CESAR OSVALDO
STREET ADDRESS	19195 Mystic Pointe Dr #2205
CITY-ST-ZIP	MIAMI, FL 33180
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 #