

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90130 003 ***150.00

DOCUMENT # P02000088698

1. Entity Name
P.V.D. ENTERPRISES, INC.



Principal Place of Business
VLN 102
P.O. BOX 025685
MIAMI FL 33102

Mailing Address
VLN 102
P.O. BOX 025685
MIAMI FL 33102
US



2. Principal Place of Business

1820 N. Corporate Lakes Blvd

3. Mailing Address

1820 N. Corporate Lakes Blvd.

Suite, Apt. #, etc.

Suite 105

Suite, Apt. #, etc.

Suite 105

City & State

Weston, FL

City & State

Weston, FL

Zip

33326

Country

U.S.A.

Zip

33326

Country

U.S.A.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARRERO, JOSE C ESQ.
1820 N. CORPORATE LAKES BLVD.
SUITE 105
WESTON FL 33326

7. Name and Address of New Registered Agent

Name **Jose C. Marrero, Esq.**
Street Address (P.O. Box Number is Not Acceptable)
1820 N. Corporate Lakes Blvd.
Suite 105
City **Weston** **FL** Zip Code **33326**

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

2/25/03

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 ☐ Delete
NAME **P**
SUAREZ, JORGE
STREET ADDRESS **P.O. BOX 025685**
CITY-ST-ZIP **MIAMI FL 33102**

TITLE ☐ Delete
NAME **S**
GUIMERA, MARIA
STREET ADDRESS **P.O. BOX 025685**
CITY-ST-ZIP **MIAMI FL 33102**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ 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

TITLE ☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/03

Date

Daytime Phone #

(954) 217-1907

CR2E034 (10/02)