

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 91797 050 ***150.00

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DOCUMENT # P02000098114

1. Entity Name
CERWIN-VEGA, INC.



Principal Place of Business
**3000 S.W. 42ND ST.
HOLLYWOOD FL 33312**

Mailing Address
**3000 S.W. 42ND ST.
HOLLYWOOD FL 33312**



2. Principal Place of Business
555 EAST EASY ST
Suite, Apt. #, etc.

3. Mailing Address
555 EAST EASY ST
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
SIMI VALLEY CA
Zip
93065 Country
USA

City & State
SIMI VALLEY CA
Zip
93065 Country
USA

4. FEI Number
32-0033161

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HEF REGISTERED AGENT CORP.
2601 SOUTH BAYSHORE DR., STE. 600
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name
Valdes-Fauli Corporate Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
2-S. Biscayne Blvd., Suite 3400
City
Miami FL Zip
33131

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. **VALDES-FAULI CORPORATE SERVICES, INC.**

SIGNATURE By: Craig Jaslow **Craig Jaslow, Vice President** 4/30/03
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 NAME STREET ADDRESS CITY-ST-ZIP	CEO GERARD COHEN 3000 SW 42ND ST HOLLYWOOD, FL 33312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DAVID RICE 555 EAST EASY STREET SIMI VALLEY CA 93065	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO STEVEN RAFT 555 EAST EASY ST SIMI VALLEY CA 93065	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

3/8/03
Date

805 584 5251
Daytime Phone #

CR2E03410/020