## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## OCUMENT #

P02000106361

. Entity Name

SVALDO JOSE, INC.



## **FILED** Feb 21, 2003 8:00 am Secretary of State 02-21-2003 90178 048 \*\*\*150.00

Principal Place of B 1720 NW 17TH COU PEMBROKE PINES F	RT	Mailing Address 8720 NW 17TH COURT PEMBROKE PINES FL 33024  3. Mailing Address Suite, Apt. #, etc. City & State							
. Principal Place	of Business					- I (1861/182) (1)) OBVIS (1757) 963/1 22(1) BBIS) UBBI 196/1 BUSB (1969 SUBB 1967) 984			
Suite, Apt. #, etc	):					7	☐ CHECK HERE IF MAKING CHANGES		
City & State						4. FEL Number   Applied For   52-2381791   Not Applicable			
7:-	Country	Zip Counti			terr		¢9 75 Additional		
Zip							Certificate of Status Desired		
6. Name and Address of Current Registered Agent					_Name	7. N	Name and Address of New Registered Agent	_	
BUSINESS FILL 1000 WEST AV SUITE 1114	ngs incorporated /enue				_	s (P.O. B	Box Number is Not Acceptable)		
MIAMI BEACH	FL 33139			City	<u>.</u>	FL Zip Code			
the obligations	ed entity submits this statement f of registered agent. ture, typed or printed name of registered agen				ed office or regis		gent, or both, in the State of Florida. I am familiar with, and accept	İ	
2 After Ma	NOW!!! FEE IS \$150.00 y 1, 2003 Fee will be \$550.00 yable to Florida Department o	f State					9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	ļ	
10.	OFFICERS AND	DIRECTO		11.		AD	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition	3	
STREET ADDRESS 598	RIAS, OSVALDO BEAST 52ND STREET LEAH FL 33013		☐ Delete		ı			7/0H/ VC030	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1		☐ Change ☐ Addition	5	
TITLE NAME STREET ADDRESS	سه د د د د د د د د د د د د د د د د د د د		☐ Delete	1		<u> </u>	☐ Change ☐ Addition	-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	NAP STE	.E		☐ Change ☐ Addition		
TITLE NAME STREET AODRESS CITY-ST-ZIP			☐ Delete				☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		☐ Delete	TITI NAI STE	LE ME REET ADDRESS Y-ST-ZIP		Change Addition  on 119.07(3)(i), Florida Statutes. I further certify that the information personal effect as if made under oath, that I am an officer or director		

I hereby certily that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I turther 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.

GNATURE:

STREATURE AND TYPES OF SENTING AND TYPES OF SENT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #