

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90485 009 ***150.00

DOCUMENT # P02000112937

1. Entity Name
CALVO INVESTMENTS GROUP, INC. OF FLORIDA



Principal Place of Business
**9555 SW 88TH STREET SUITE 201
MIAMI FL 33176**

Mailing Address
**9555 SW 88TH STREET SUITE 201
MIAMI FL 33176**



2. Principal Place of Business
1555 West 44 Place

3. Mailing Address
1555 West 44 Place

Suite, Apt. #, etc.
338

Suite, Apt. #, etc.
338

City & State
Hialeah FL

City & State
Hialeah, FL

4. FEI Number
52-2385488

Applied For
Not Applicable

Zip
33012

Country
USA

Zip
33012

Country
USA

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

6. Name and Address of Current Registered Agent

**KONDLA, RICHARD F
9555 SW 88TH STREET SUITE 201
MIAMI FL 33176**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-7-03

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 **D** ☐ Delete
NAME **CALVO, VERONICA F**
STREET ADDRESS **1555 WEST 44TH PLACE, UNIT 338**
CITY-ST-ZIP **HIALEAH FL 33012**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Pres / Sec** ☐ Change ☒ Addition
NAME **Calvo, Veronica F.**
STREET ADDRESS **1555 West 44th Place Unit 338**
CITY-ST-ZIP **Hialeah, FL 33012**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

Pres. 1-7-02 (305) 444-9832

Date

Daytime Phone #

CR2E034 (10/02)