FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91833 015 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000131258

1. Entity Name
M.V. RESEARCH, BUSINESS AND CONSULTING, CORP.

Principal Place of Business	Mailing Address
1580 SAWGRASS CORPORATE PARKWAY # 130 SUNRISE, FL 33323	1580 SAWGRASS CORPORATE PARKWAY # 130 SUNRISE, FL 33323

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1900 VAN BUREN ST.	1900 VAN BUREN ST.
Suite, Apt #, etc. #309	Suite, Apt #, etc. #309
City & State HOLLYWOOD - FLORIDA	City & State HOLLYWOOD, FLORIDA
Zip 33020 Country UNITED STATES	Zip 33020 Country UNITED STATES

4. FEI Number 92-0170346 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TENAGLIA, JESSICA R
1580 SAWGRASS CORPORATE PARKWAY
#130
SUNRISE, FL 33323

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 [signature] - JESSICA R. TENAGLIA 04-28-03
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	TENAGLIA, JESSICA R		NAME		
STREET ADDRESS	1580 SAWGRASS CORPORATE PARKWAY #130		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL 33323		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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] JESSICA R. TENAGLIA 04-28-03 786 344 4106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #