

**2004 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90021 002 ***150.00

DOCUMENT # P03000141646

1. Entity Name

JAVILYN, INC.



DO NOT WRITE IN THIS SPACE

94040849

2. Principal Place of Business

3213 Coral Ridge Dr

3. Mailing Address

SAME

Suite, Apt #, etc.

Suite, Apt #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Coral Springs, FL

City & State

4. FEI Number

71-0957611

Applied For

Not Applicable

Zip

33065

Country

Broward

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JAVIER VELEZ

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

3213 Coral Ridge Dr

City

Coral Springs

FL

Zip Code

33065

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 renewing)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$51.25

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

PID

JAVIER VELEZ

3213 Coral Ridge Dr

Coral Springs, FL 33065

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SID

LYNN VELEZ

3213 Coral Ridge Dr

Coral Springs, FL 33065

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: JAVIER VELEZ *Javier Velez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-04 754-264-2505
Date Phone #

CR2E034B (12/02)