

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90650 036 ***150.00

DOCUMENT # P93000006373

1. Entity Name

J.V.A. SERVICES, INC.

Principal Place of Business

**P.O. BOX 772117
 CORAL SPRINGS FL 33077
 US**

Mailing Address

**P.O. BOX 772117
 CORAL SPRINGS FL 33077
 US**

2. Principal Place of Business

3. Mailing Address

P.O. BOX 546035

P.O. BOX 546035

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SURFSIDE, FL

City & State

SURFSIDE, FL

Zip

33154

Country

US

Zip

33154

Country

US

4. FEI Number

65-0384404

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BERGER, DAVID'S
 1110 N.E. 163RD STREET
 SUITE G
 N MIAMI BEACH FL 33126**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VP
 ASSAYAG, VITORIA
 11228 NW 12TH CT
 CORAL SPRINGS FL** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**P
 ASSAYAG, JOSE
 11228 NW 12TH CT
 CORAL SPRINGS FL 33071** ☐ Delete

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

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TITLE
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☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOSE ASSAYAG **4/25/02 (954) 610-3044**

CR2E034 (9/01)