

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90651 031 ***150.00

DOCUMENT # P93000006373

1. Entity Name
J.V.A. SERVICES, INC.



Principal Place of Business
P.O. BOX 546035
SUNRISE FL 33154
US

Mailing Address
P.O. BOX 546035
SUNRISE FL 33154
US

60015510



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. BOX 546035

P.O. BOX 546035

City & State

City & State

SURFSIDE FL 33154

SURFSIDE FL 33154

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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

☒ Change ☐ Addition
TITLE **VP** ☐ Delete
NAME **ASSAYAG, VITORIA**
STREET ADDRESS **9511 COLLINS AVE #1502**
CITY-ST-ZIP **SURFSIDE, FL 33154**

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

☒ Change ☐ Addition
TITLE **P** ☐ Delete
NAME **ASSAYAG, JOSE**
STREET ADDRESS **9511 COLLINS AVE #1502**
CITY-ST-ZIP **SURFSIDE, FL 33154**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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NAME
STREET ADDRESS
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:

Vitoria R. Assayag
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/18/03

Date

(954)610-3044

Daytime Phone #

CR2E034 (10/02)