

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 08, 2001 8:00 am**  
**Secretary of State**

06-08-2001 90161 006 \*\*\*150.00

554263

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P930000022455**

1. Entity Name

**N.V. International Corp. Corp.**

Principal Place of Business Mailing Address

**7854 NW, 71st**  
**Miami, FL 33166** **SAME**

2. Principal Place of Business

**8013 NW, 66st**

3. Mailing Address

**8013 NW 66st**

City & State

**Miami**

City & State

**Miami**

Country

**FL**

4. FEI Number

**65-0394171**

Applied For

Not Applicable

Zip

**FL**

Country

**33178**

Zip

**33166**

Country

**USA**

5. Certificate of Status Desired

☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**Rios Leopoldo**  
**1800 W, 49st # 207**  
**Hialeah, FL 33012**

7. Name and Address of New Registered Agent

Name: **Rios Leopoldo**  
 Street Address (P.O. Box Number is Not Acceptable):  
**1800 W, 49st, #301**  
 City: **Hialeah** FL Zip Code: **33012**

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!!**  
**After MAY 1, 2001**  
**Make Check Payable**

**FEE IS \$150.00**  
**Fee will be \$550.00**  
**to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>P.D</b>	<input type="checkbox"/> Delete
NAME	<b>VIVAS Nelson M</b>	
STREET ADDRESS	<b>7818 NW, 71st</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33166</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>VIVAS, maria E. VIVAS</b>	
STREET ADDRESS	<b>7818 NW 71st</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33166</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P.D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VIVAS, Nelson M.</b>	
STREET ADDRESS	<b>10632 NW, 54st</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33178</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>maria E VIVAS</b>	
STREET ADDRESS	<b>10632 NW, 54st</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33178</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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 CHAIRMAN, OFFICER, DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)