

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000023372

1. Entity Name

M.F.V. INCORPORATED

Principal Place of Business

507 NORTHBIDGE DR 2018 Sunset Terrace
 ALTAMONTE SPRINGS FL 32714 Drive
 US Orlando FL 32825

Mailing Address 2018 Sunset Terrace
 507 NORTHBIDGE DR Drive
 ALTAMONTE SPRINGS FL 32714 Orlando,
 US FL 32825

2. Principal Place of Business

2018 Sunset Terrace Dr.
 Suite, Apt. #, etc.
 Orlando FL

3. Mailing Address
 2018 Sunset Terrace Dr.
 Suite, Apt. #, etc.
 Orlando FL

City & State

City & State

32825

Country Orange

Zip 32825

Country Orange

6. Name and Address of Current Registered Agent

4. FEI Number	59-3173832	Applied For
		Not Applicable

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

VINELLI, MICHAEL F
 507 NORTHBIDGE DR 2018 Sunset Terrace Drive
 ALTAMONTE SPRINGS FL 32714 Orlando, FL 32825

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 D Delete
 NAME VINELLI, MICHAEL F
 STREET ADDRESS 507 NORTHBIDGE DR 2018 Sunset Terrace
 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 Orlando FL 32825

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME VINELLI, GLORIA 2018 Sunset Terrace
 STREET ADDRESS 507 NORTHBIDGE DR Dr.
 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 Orlando FL 32825

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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 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 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: *Gloria Vinelli*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/02 4072495571

Daytime Phone #

010738 AV

CR2E034 (9/01)