

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90492 025 \*\*\*150.00

0107758 AV

**DOCUMENT # P93000023372**

1. Entity Name

**M.F.V. INCORPORATED**

Principal Place of Business

**507 NORTHBRIDGE DR 2018 Sunset Terrace Dr.  
 ALTAMONTE SPRINGS FL 32714 Drive  
 US Orlando FL 32825**

Mailing Address

**507 NORTHBRIDGE DR 2018 Sunset Terrace Drive  
 ALTAMONTE SPRINGS FL 32714 Orlando,  
 US FL 32825**



2. Principal Place of Business

**2018 Sunset Terrace Dr.  
 Suite, Apt. #, etc.  
 Orlando FL  
 City & State**

3. Mailing Address

**2018 Sunset Terrace Dr.  
 Suite, Apt. #, etc.  
 Orlando FL  
 City & State**

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3173832**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

Zip **32825**

Country **Orange**

Zip **32825**

Country **Orange**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>VINELLI, MICHAEL F</b>
STREET ADDRESS	<b>507 NORTHBRIDGE DR 2018 Sunset Terrace Dr.</b>
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL 32714 Orlando FL 32825</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>VINELLI, GLORIA</b>
STREET ADDRESS	<b>507 NORTHBRIDGE DR 2018 Sunset Terrace Dr.</b>
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL 32714 Orlando FL 32825</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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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 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**

**407 249 5571**

Date

Daytime Phone #

CP2E034 (9/01)