

2001 UNIFORM BUSINESS REPORT (UBR)

4/15

FILED
May 17, 2001 8:00 am
Secretary of State

04-19-2001 90087 020 ***150.00

| | | | |
|---|---|---|---|
| DOCUMENT # P 94000081170 | | | |
| 1. Entity Name J.V.C.D., Inc. | | | |
| Principal Place of Business 109 North Olive Avenue West Palm Beach, FL 33406 | | Mailing Address SAME | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent DeCaprio, Vincent A. 109 North Olive Avenue West Palm Beach, FL 33406 | | 7. Name and Address of New Registered Agent Name Vincent DeCaprio Street Address (P.O. Box Number is Not Acceptable) 1517 Woodbridge Lakes Circle City W.P.B. FL Zip Code 33406 | |
| 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 Vincent DeCaprio <i>V. DeCaprio</i> 5/1/01 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| 9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State | |
| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DeCaprio, Vincent A. <input type="checkbox"/> Delete 1517 Woodbridge Lakes West Palm Beach, FL 33406 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Montalbano, Giachino <input type="checkbox"/> Delete 2915 Sierra Pine Drive Lantana, FL 33462 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: Vincent DeCaprio <i>Vincent DeCaprio</i> V.P. 561-969-3130 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | |

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DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)