

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000086022

1. Entity Name

DOVA INTERNATIONAL, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90082 021 ***150.00

Principal Place of Business

Mailing Address

720 N.E. 77TH ST.
BOCA RATON FL 33487

720 N.E. 77TH ST.
BOCA RATON FL 33487-1012

2. Principal Place of Business

17189 BALBOA Pt. Way

3. Mailing Address

17189 BALBOA Pt. Way

Suite, Apt. #, etc.

BOCA RATON

Suite, Apt. #, etc.

BOCA RATON

City & State

FL

City & State

FL

Zip

33487

Country

P.B.

Zip

33487

Country

P.B.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0545646

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

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

Charm Conner Pres.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/4/00

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CORRERI, DIANE
720 NE 77TH ST
BOCA RATON FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
CORRERI, JOHN
720 NE 77TH ST
BOCA RATON FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

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:

Charm Conner Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/4/00 521-994-5549

Daytime Phone #

CR2E034 (9/99)