

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90223 040 ***150.00

DOCUMENT # P94000086022

1. Entity Name
DOVA INTERNATIONAL, INC.



Principal Place of Business
**17189 BALBOA PT WAY
BOCA RATON FL 33487**

Mailing Address
**17189 BALBOA PT WAY
BOCA RATON FL 33487**

2. Principal Place of Business

7700 Trapani Lane
Suite, Apt. #, etc.

3. Mailing Address

7700 Trapani Lane
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Boynton Beach Fla
Zip **33437** Country **Panama**

City & State

Boynton Beach Fla
Zip **33437** Country **Panama**

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**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CORRERI, DIANE	
STREET ADDRESS	720 NE 77TH ST	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CORRERI, JOHN	
STREET ADDRESS	720 NE 77TH ST	
CITY-ST-ZIP	BOCA RATON FL	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORRERI, DIANE	(address)
STREET ADDRESS	7700 Trapani Lane	
CITY-ST-ZIP	Boynton Beach, Fla. 33437	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORRERI, JOHN	(address)
STREET ADDRESS	7700 Trapani Lane	
CITY-ST-ZIP	Boynton Beach, FL. 33437	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF OFFICER OR DIRECTOR

1/13/03 861-375-9465

Date

Daytime Phone

CR2E034 (10/02)