

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90157 021 ***150.00

DOCUMENT # P94000091581

1. Entity Name
J.R.V., INC.



Principal Place of Business
**111 SE 9TH STREET
DEERFIELD BEACH FL 33441**

Mailing Address
**111 SE 9TH STREET
DEERFIELD BEACH FL 33441**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0541591**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ZAREM, JOSEPH
1510 SE 14 DR.
DEERFIELD BEACH FL 33441**

7. Name and Address of New Registered Agent

Name **ZAREM JOSEPH**
Street Address (P.O. Box Number is Not Acceptable)
6123 N.W. 124TH DRIVE
City **CORAL SPRING** **FL** Zip Code **33076**

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.

JOSEPH ZAREM (NOTE: Registered Agent signature required when reinstating)

DATE **3/26/03**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|--|
| TITLE | D <input type="checkbox"/> Delete |
| NAME | ZAREM, JOSEPH |
| STREET ADDRESS | 1510 SE 14 DR. |
| CITY-ST-ZIP | DEERFIELD BEACH FL 33441 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | ZAREM, VICTORIA |
| STREET ADDRESS | 1510 SE 14TH DR. |
| CITY-ST-ZIP | DEERFIELD FL 33441 |
| 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 | |

| | |
|----------------|--|
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ZAREM JOSEPH |
| STREET ADDRESS | 6123 N.W. 124 DRIVE |
| CITY-ST-ZIP | CORAL SPRING FL 33076 |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ZAREM VICTORIA |
| STREET ADDRESS | 6123 N.W. 124 DRIVE |
| CITY-ST-ZIP | CORAL SPRING FL 33076 |
| 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 REQUIRED **JOSEPH ZAREM** **3/26/03** **754 428 9550**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)