

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

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

**6. Name and Address of Current Registered Agent**

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

Name

**ZAREM, JOSEPH**

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

**6123 NW. 124<sup>TH</sup> DRIVE**

City

**CORAL SPRINGS**

**FL**

**33076**

CHECK HERE IF MAKING CHANGES

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

**Joseph Zarem**

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

(NOTE: Registered Agent signature required when reinstating)

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

**11.**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

CR2E034 (10/02)

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ZAREM, JOSEPH 1510 SE 14 DR. DEERFIELD BEACH FL 33441</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ZAREM, JOSEPH 6123 NW. 124 DRIVE CORAL SPRINGS FL 33076</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ZAREM, VICTORIA 1510 SE 14TH DR. DEERFIELD FL 33441</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ZAREM, VICTORIA 6123 NW. 124 DRIVE CORAL SPRINGS FL 33076</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Joseph Zarem** **3/26/03**

**954 428 9950**

Daytime Phone #