

2000 UNIFORM BUSINESS REPORT (UBR)

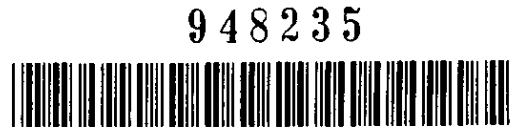
FILED
Apr 27, 2000 8:00 am
Secretary of State
 04-27-2000 90057 016 ***150.00

DOCUMENT # P95000016295

1. Entity Name
CORVISON SERVICES, INC.

Principal Place of Business 1936 S.W. 14TH TERRACE FL 33145	Mailing Address 1936 S.W. 14TH TERRACE MIAMI FL 33145-1308
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**PETTIT, MICHAEL
 7000 S.W. 62ND AVE.
 PH-B
 MIAMI FL 33143**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
P CORVISON, RAUL JR. 1936 S.W. 14TH TERRACE MIAMI FL	<input type="checkbox"/> Delete	TITLE CORVISON, RAUL JR. STREET ADDRESS 1936 S.W. 14TH TERRACE CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V CORVISON, VALISA L. 1936 SW 14 TERR MIAMI FL	<input type="checkbox"/> Delete	TITLE CORVISON, VALISA L. STREET ADDRESS 1936 SW 14 TERR CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: Valisa L. Corvison **19 Apr 2000** 305856 8594
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)