

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90187 001 \*\*\*150.00

02984208 AV

**DOCUMENT # P95000018326**  
 1. Entity Name  
**I.V.C. IMP. & EXP., INC.**

Principal Place of Business <b>6906 NW 109 CT MIAMI FL 33178 US</b>	Mailing Address <b>6906 NW 109 CT MIAMI FL 33178 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>10773 NW 58TH ST. Suite, Apt. #, etc. # 248</b>	3. Mailing Address <b>10773 NW 58TH ST. Suite, Apt. #, etc. # 248</b>
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City & State <b>Miami, FL</b>	City & State <b>Miami, FL</b>
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4. FEI Number <b>65-0561317</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33178</b>	Country	Zip <b>33178</b>	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**IGOR, R. CUNHA**  
**6906 NW 109 CT**  
**MIAMI FL 33178**

~~Name~~ **MARTIN KACKOS**  
~~Street Address (P.O. Box Number is Not Acceptable)~~  
**245 SE 1st St.**  
**Suite # 311**  
 City **Miami** **FL** Zip **33131**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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**

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

TITLE NAME <b>PTD CUNHA, IGOR R</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>6906 NW 109 CT</b>	
CITY-ST-ZIP <b>MIAMI FL 33178</b>	
TITLE NAME <b>SVD CUNHA, VICTOR R</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS <b>6906 NW 109 CT</b>	
CITY-ST-ZIP <b>MIAMI FL 33178</b>	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME <b>PTD CUNHA, IGOR R</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>10773 NW 58TH ST, #248</b>	
CITY-ST-ZIP <b>MIAMI, FL 33178</b>	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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: **3/29/02**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)