

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000020006

1. Entity Name

CIVA INTERNATIONAL CORPORATION

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90025 009 ***550.00

Principal Place of Business

5565 NW 72 AVE
MIAMI FL, 33166

Mailing Address

SAME

2. Principal Place of Business

5565 NW 72 AVE
Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

4. FEI Number

650562836

Applied For

Not Applicable

Zip

33166

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MELQUISEDEC MORALES
5565 NW 72 AVE
MIAMI FL, 33166

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

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, 2000 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

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	MELQUISEDEC MORALES	
STREET ADDRESS	5565 NW 72 AVE	
CITY-ST-ZIP	MIAMI FLORIDA 33166	
TITLE	VICEPRESIDENT	<input type="checkbox"/> Delete
NAME	MAGALY P. JEREZ	
STREET ADDRESS	5565 NW 72 AVE	
CITY-ST-ZIP	MIAMI FLORIDA 33166	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Delete
NAME	MARLON GARCIA	
STREET ADDRESS	5565 NW 72 AVE	
CITY-ST-ZIP	MIAMI FLORIDA 33166	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	FERNANDO MACHLER	
STREET ADDRESS	5565 NW 72 AVE	
CITY-ST-ZIP	MIAMI FLORIDA 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAGALY JEREZ

Vice President

5/26/00 (305) 883-9819

Date

Daytime Phone #

CR2E034 (9/99)