

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000022303****1. Entity Name**
L.V. CONFECTION INC.**FILED**
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90060 035 ***150.00

Principal Place of Business
13779 SW 152 STREET
MIAMI FL 33186**Mailing Address**
13779 SW 152 STREET
MIAMI FL 33186**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0586862**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****WAYNER, STEPHEN A ESQ**
6701 SUNSET DRIVE
SUITE 100
MIAMI FL 33143Name:
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** _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)**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, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be**
Trust Fund Contribution. **Added to Fees****11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GRANDE, VICTOR
13779 SW 152 ST
MIAMI FL 33186☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GRANDE, KAREN
13779 SW 152 ST
MIAMI FL 33186☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GRANDE, CHARLES
13779 SW 152 ST
MIAMI FL 33186☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition
TITLE
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

Date

Daytime Phone #

CR2E034 (10/00)