

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000042985

1. Entity Name

MVR INTERNATIONAL, INC.

Principal Place of Business

7035 NW 88TH AVE
TAMARAC FL 33321
US

Mailing Address

7035 NW 88TH AVE
TAMARAC FL 33321
US

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 65-0586292

Applied For
Not Applicable

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

KHALLOUQI, MIKKI
7580 SOUTHGATE BLVD #33
N LAUDERDALE FL 33068

Name KHALLOUQI MIKKI
Street Address (P.O. Box Number is Not Acceptable)
7035 NW 88 AVENUE
(88)
City TAMARAC FL Zip Code 33321

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, 2001 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 ☐ Delete
PTD KHALLOUQI, MIKKI
STREET ADDRESS 5615 NW 108 TERR
CITY-ST-ZIP CORAL SPRINGS FL 33076

TITLE NAME ☒ Change ☐ Addition
PTD MIKKI KHALLOUQI
STREET ADDRESS 7035 NW 88 AVENUE
CITY-ST-ZIP TAMARAC FL 33321

TITLE NAME ☐ Delete
VSD KHALLOUQI, VERA
STREET ADDRESS 5615 NW 108 TERR
CITY-ST-ZIP CORAL SPRINGS FL 33076

TITLE NAME ☒ Change ☐ Addition
VSD KHALLOUQI, VERA
STREET ADDRESS 7035 NW 88 AVENUE
CITY-ST-ZIP TAMARAC FL 33321

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ 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:

Mikki Khalloouqi MIKKI KHALLOUQI 01-25-01 9547206725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90137 026 ***150.00

708476



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)