

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000072145

1. Entity Name  
H.L.V., INC.

Principal Place of Business  
19162 N.W. 12TH CT.  
PEMBROKE PINES FL 33029

Mailing Address  
18459 PINES BLVD.  
115  
PEMBROKE PINES FL 33029  
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 65-0615174

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

WACHS, JEFFREY S  
1177 S.E. 3RD AVE.  
FT. LAUDERDALE FL 33316

Name RICHARD VOLLOVICK  
Street Address (P.O. Box Number is Not Acceptable)  
10207 SUNRISE LAKES BLVD  
City SUNRISE FL Zip Code 33322

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 *Richard Vollovick* RICHARD VOLLOVICK

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

(NOTE: Registered Agent signature required when reinstating)

3/19/01  
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 P ☐ Delete  
NAME VOLLOVICK, HOWARD  
STREET ADDRESS 18459 PINES BLVD. SUITE 115  
CITY-ST-ZIP PEMBROKE PINES FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME VOLLOVICK, RICHARD  
STREET ADDRESS 18459 PINES BLVD., SUITE 115  
CITY-ST-ZIP PEMBROKE PINES FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME VOLLORICK, LINDA  
STREET ADDRESS 18459 PINES BLVD., SUITE 115  
CITY-ST-ZIP PEMBROKE PINES FL

TITLE S ☒ Change ☐ Addition  
NAME VOLLOVICK, LINDA  
STREET ADDRESS 18459 PINES BLVD., SUITE 115  
CITY-ST-ZIP PEMBROKE PINES FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Richard Vollovick*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD VOLLOVICK

Date

Daytime Phone #

3/19/01

(954) 742-8753

FILED  
Apr 02, 2001 8:00 am  
Secretary of State

04-02-2001 90315 031 \*\*\*150.00

C0039970



DO NOT WRITE IN THIS SPACE

0115185

CR2E034 (10/00)