

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000010372

1. Entity Name

I.V. SOLUTIONS, INC.

Principal Place of Business

Mailing Address

391 ARAGON
SUITE 101
CORAL GABLES FL 33134

391 ARAGON
SUITE 101
CORAL GABLES FL 33134-5029

2. Principal Place of Business

1898 S.W. 57 AVE.
Suite, Apt. #, etc.

3. Mailing Address

1898 S.W. 57 AVE
Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33155

Country

U.S.

Zip

33155

Country

U.S.

6. Name and Address of Current Registered Agent

PASCUAL, ELIZABETH
391 ARAGON AVE
STE 101
CORAL GABLES FL 33134

4. FEI Number

65-0637907

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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 of officer or director, or registered agent, as 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 PD ☐ Delete

NAME PASCUAL, ELIZABETH
STREET ADDRESS 391 ARAGON, STE 201
CITY-ST-ZIP CORAL GABLES FL

TITLE S ☐ Delete

NAME CALDERON, ISABEL
STREET ADDRESS 391 ARAGON, STE 101
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME 1898 S.W. 57 AVE.
STREET ADDRESS MIAMI, FL. 33155
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME 1898 S.W. 57 AVE.
STREET ADDRESS MIAMI, FL. 33155
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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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:

Elizabeth Pascual President 1/21/2000

Date

Daytime Phone #

609720



DO NOT WRITE IN THIS SPACE

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262-346