FROM : MEMBIELA AND ASSOCIATES   FAX NO. : 305 567 0564

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91140 007 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000016892

1. Entity Name
UVA INVESTMENTS CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
15956 SW 137 Avenue			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MIAMI FL		City & State	
Zip: 33177	Country: MIAMI-DADE	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0655661 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of New Registered Agent
Name: GARCIA, ODALYS
Street Address (P.O. Box Number is Not Acceptable): 13800 SW 152 STREET
City: MIAMI FL Zip Code: 33177

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) ☐

January 1 - May 1 - Fee is $150.00
After May 1 - Fee is $550.00
Amended UBR is $61.25
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	TITLE	
NAME	JOSE MOREL	NAME	
STREET ADDRESS	15956 SW 137 AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33177	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	GLENYS VASQUEZ	NAME	
STREET ADDRESS	15956 SW 137 AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33177	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP		CITY-ST-ZIP	IN THIS SPACE
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE X Glenys Vasquez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #