

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90209 019 ***158.75

DOCUMENT # P96000089707

1. Entity Name
ADIVA ENTERPRISE, INC.



Principal Place of Business
**9460 NW 13 ST
BAY 69
MIAMI FL 33165**

Mailing Address
**1701 SW 88 AVE
MIAMI FL 33165**



2. Principal Place of Business

470 NE 125 street
Suite, Apt. #, etc.

3. Mailing Address

1701 SW 88 AVE
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
North Miami, FL

City & State
MIAMI, FL

4. FEI Number
65-0706613

Applied For
Not Applicable

Zip
33161

Country
USA

Zip
33165

Country
USA

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SIMON, MAIDA
4421 SW 75 AVE.
MIAMI FL 33155**

7. Name and Address of New Registered Agent

Name **Ruben Perez**
Street Address (P.O. Box Number is Not Acceptable)
1701 SW 88 AVE
MIAMI FL
City **"** **FL** Zip Code **33165**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Ruben Perez**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-20-2003
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00**, May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **SIMON, MAIDA**
STREET ADDRESS **1701 SW 88TH AVE**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE **VP** ☒ Change ☐ Addition
NAME **SIMON, MAIDA**
STREET ADDRESS **1701 SW 88TH AVE**
CITY-ST-ZIP **MIAMI, FL 33165**

TITLE **VP** ☐ Delete
NAME **PEREZ, RUBEN**
STREET ADDRESS **7221 SW 138 CT**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE **DP** ☒ Change ☐ Addition
NAME **Perez, Ruben**
STREET ADDRESS **1701 SW 88 AVE**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE **VP** ☒ Delete
NAME **PEREZ, DAVID R**
STREET ADDRESS **8205 SW 140 AVENUE**
CITY-ST-ZIP **MIAMI FL 33183**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)