

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90301 004 \*\*\*150.00

0286453

**DOCUMENT # P96000100673**

1. Entity Name  
**VIVMAR, INC.**

Principal Place of Business

10745 EMPEROR ST  
 BOCA RATON FL 33428  
 US

Mailing Address

10745 EMPEROR STREET  
 BOCA RATON FL 33427

2. Principal Place of Business

3. Mailing Address  
**21218 St. Andrews Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**# 305**

City & State

City & State  
**Boca Raton, FL**

Zip

Country

Zip  
**33433**

Country  
**USA**

4. FEI Number **65-0713421**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**NOVAK, MARIA P**  
**10745 EMPEROR ST**  
**BOCA RATON FL 33428**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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:  Delete  
 NAME: **D NOVAK, MARIA P**  
 STREET ADDRESS: **10745 EMPEROR ST.**  
 CITY-ST-ZIP: **BOCA RATON FL 33428**

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Delete  
 NAME: **D SARQUIS, VIVIANA**  
 STREET ADDRESS: **10745 EMPEROR ST.**  
 CITY-ST-ZIP: **BOCA RATON FL 33428**

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: **1551 SW 1ST AVE**  
 CITY-ST-ZIP: **BOCA RATON, FL 33432**

TITLE:  Delete  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
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 CITY-ST-ZIP: \_\_\_\_\_

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 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: *Maria P. Novak*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/01 (571) 852-4567  
Date Daytime Phone #

CR2E034 (10/00)