

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 17, 2001 08:00 AM**
Secretary of State**DOCUMENT # P97000075013**1. Entity Name
M.V.J. MANAGEMENT, INC.

Principal Place of Business 13560 49 ST NORTH, STE. 1B CLEARWATER FL 34622	Mailing Address 13560 49 ST NORTH, STE. 1B CLEARWATER FL 34622
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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
59-3464707
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentHEBERT JAY
13560 49 ST NORTH, STE. 1B

CLEARWATER FL 34622**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 **JAY HEBERT****04/17/2001**

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) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	☐ Delete
NAME	HEBERT JAY A	
STREET ADDRESS	13560 49TH ST N STE 1B	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	D	☐ Delete
NAME	DODARO MICHAEL	
STREET ADDRESS	13560 49 ST NORTH, STE. 1B	
CITY-ST-ZIP	CLEARWATER FL 34622	
TITLE	D	☐ Delete
NAME	FORTUNATO VINCENT	
STREET ADDRESS	13560 49 ST NORTH, STE. 1B	
CITY-ST-ZIP	CLEARWATER FL 34622	
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	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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: MICHAEL DODARO

D

04/17/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)