

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**  
 05-21-2002 91211 012 \*\*\*150.00

11F0014 AV

**DOCUMENT # P97000079806**

**1. Entity Name**  
**D & V ENGINEERING INC.**

**Principal Place of Business**  
 P.O. BOX 245231  
 PEMBROKE PINES FL 33024  
 US

**Mailing Address**  
 P.O. BOX 245231  
 PEMBROKE PINES FL 33024  
 US



**2. Principal Place of Business**

**3. Mailing Address**

*P.O. BOX 245242*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

*Pembroke Pines, FL*

Zip

Country

Zip

Country

*33024*

*U.S*

**4. FEI Number** **65-0793371**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CLAIRMONT, VINCENT**  
**6609 BOXWOOD DRIVE**  
**MIRAMAR FL 33023**

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, 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, 2002 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 **P**  
 STREET ADDRESS **CLAIRMONT, VINCENT**  
 CITY-ST-ZIP **6609 BOXWOOD DRIVE**  
**MIRAMAR FL 33023**

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

TITLE ☐ Delete  
 NAME **DS**  
 STREET ADDRESS **CLAIRMONT, PAMELA**  
 CITY-ST-ZIP **6609 BOXWOOD DRIVE**  
**MIRAMAR FL 33023**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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:**

*Vincent Clairmont*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-26-02**  
 Date

**954 240 2545**  
 Daytime Phone #

CR2E034 (9/01)