

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000013145**

1. Entity Name

**CVA OF SOUTH FLORIDA, INC.****FILED**  
**Apr 28, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90020 040 \*\*\*158.75

0131648

Principal Place of Business

**227 NE 8TH TERRACE  
DEERFIELD BEACH FL 33441**

Mailing Address

**4420 NW 9TH CT  
COCONUT CREEK FL 33062****751346**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **65-0810270**Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**BARRY, VICTORIA M  
227 NE 8TH TERRACE  
DEERFIELD BEACH FL 33441**

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>PSTD BARRY, VICTORIA M 227 NE 8TH TERRACE DEERFIELD BEACH FL 33441</b>	<input type="checkbox"/>		
<b>VPD WILLIAMS, STEVEN L 242 BUTTON BUSH LANE WELLINGTON FL 33414</b>	<input type="checkbox"/>		
<b>VPO WILLIAMS, JEFFREY 4885 NW 94TH TERR SUNRISE FL 33351</b>	<input type="checkbox"/>		
<b>VPU MAKRANCY, DENNIS 1710 SW 86TH TERR MIRAMAR FL 33025</b>	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

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: *Victoria Barry Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01

Date

Daytime Phone #

954-574-4558

305-231-3588

CR2E034 (10/00)