

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2003 8:00 am**  
**Secretary of State**  
09-11-2003 90096 035 \*\*\*550.00

0033809 AV

**DOCUMENT # P98000013145**

1. Entity Name  
**CVA OF SOUTH FLORIDA, INC.**



Principal Place of Business  
**227 NE 8TH TERRACE  
DEERFIELD BEACH FL 33441**

Mailing Address  
**4420 NW 9TH CT  
COCONUT CREEK FL 33062**

2. Principal Place of Business

3. Mailing Address

**4582 N Hiatus RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Sunrise FL**

Zip

Country

Zip

**33351**

Country

**USA**

4. FEI Number

**65-0810270**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
**Victoria M Barry**  
Street Address (P.O. Box Number is Not Acceptable)  
**227 NE 8TH TERRACE**  
City  
**Sunrise** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD  
BARRY, VICTORIA M  
227 NE 8TH TERRACE  
DEERFIELD BEACH FL 33441** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
WILLIAMS, STEVEN L  
242 BUTTON BUSH LANE  
WELLINGTON FL 33414** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPO  
WILLIAMS, JEFFREY  
4885 NW 94TH TERR  
SUNRISE FL 33351** ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPU  
MAKRANCY, DENNIS  
1710 SW 86TH TERR  
MIRAMAR FL 33025** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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:

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

**9/3/03**  
Date

**954-574-9558**  
Daytime Phone #

CR2E034 (4/03)