

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000046123

1. Entity Name

JAVAR INTERNATIONAL, INC.

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90044 046 ***150.00

Principal Place of Business

299 W HILLBORO BLVD
DEERFIELD BCH FL 33441

Mailing Address

299 W HILLBORO BLVD
DEERFIELD BCH FL 33441

00028555



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1720 Collins Avenue

Suite, Apt. #, etc.

3. Mailing Address

1720 Collins Avenue

Suite, Apt. #, etc.

City & State

Miami Beach, Florida

City & State

Miami Beach, Florida

4. FEI Number

65-1000613

Applied For

Not Applicable

Zip
33139

Country

Zip

33139

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

VAZQUEZ-MELLADO, GERARDO
299 HILLSBORO BLVD
DEERFIELD BCH FL 33441

Name

Arturo Jordan

Street Address (P.O. Box Number is Not Acceptable)

999 Ponce De Leon Blvd. #715

City

Coral Gables

FL

Zip Code

33134

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	P RODRIGUEZ-BORGIO, JAVIER 299 HILLSBORO BLVD DEERFIELD BCH FL 33441	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VASQUEZ MELLADO, GERARDO C/O 901 PONCE DE LEON BLVD, STE 601 CORAL GABLES FL 33134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYNER, MARCO C/O 901 PONCE DE LEON BLVD, STE 601 CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Javier Rodriguez-Borgio 1720 Collins Avenue Miami Beach, Florida 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)