FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
05-06-2002 90065 020 ***150.00

DOCUMENT # P98000046123

1. Entity Name
JAVAR International, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 1643 Brickell Ave.
Suite, Apt. #, etc.: 2101
City & State: Miami, Fl.
Zip: 33129 Country:

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1000613 Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**
Name: Javier Rodriguez Borgio
Street Address (P.O. Box Number is Not Acceptable): 1643 Brickell Ave #2101
City: Miami FL Zip Code: 33129

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE: P
NAME: JAVIER Rodriguez Borgio
STREET ADDRESS: 1643 Brickell Ave. #2101
CITY-ST-ZIP: Miami Fl. 33129

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

CR2E034E (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/22/02. Daytime Phone #