

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91798 015 ***150.00

80111336

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000046123			
1. Entity Name JAVAR INTERNATIONAL, INC.			
Principal Place of Business 1693 BRICKELL AVE 2101 MIAMI, FL 33129		Mailing Address 1720 COLLINS AVENUE MIAMI BEACH, FL 33139	
2. Principal Place of Business <i>1643 Brickell Ave</i>		3. Mailing Address <i>1643 Brickell Ave</i>	
Suite, Apt. #, etc. <i>2101</i>		Suite, Apt. #, etc. <i>2101</i>	
City & State <i>Miami, FL</i>		City & State <i>Miami, FL</i>	
Zip <i>33129</i>		Zip <i>33129</i>	
Country		Country	
4. FEI Number 65-1000613			
Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BORGIO, JAVIER 1643 BRICKELL AVE #2101 MIAMI, FL 33129		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <i>FL</i> 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, the stated agent. SIGNATURE <i>[Signature]</i> DATE <i>04-29-2003</i> Signature, typed or printed name of registered agent (and fee if applicable) (NOTE: Registered Agent signature required when amending)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 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	D RODRIGUEZ-BORGIO, JAVIER 1643 BRICKELL AVE, 2101 MIAMI, FL 33129 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYNER, MARCO C/O 901 PONCE DE LEON BLVD, STE 601 CORAL GABLES, FL 33134 ☒ 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
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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 <i>[Signature]</i>		DATE <i>04-29-2003</i> <i>706-326-27-06</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CR20334 (10/02)