

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 10, 2001 8:00 am**  
**Secretary of State**

01-10-2001 90066 029 \*\*\*150.00

671172



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # P98000053524</b>			
1. Entity Name <b>JVP INTERNATIONAL, INC.</b>			
Principal Place of Business <b>7802 KINGSPONTE PKWY., SUITE 104 ORLANDO FL 32819</b>		Mailing Address <b>7802 KINGSPONTE PKWY., SUITE 104 ORLANDO FL 32819</b>	
2. Principal Place of Business <b>7802 KINGSPONTE PKWY.</b>		3. Mailing Address <b>7802 KINGSPONTE PKWY.</b>	
Suite, Apt. #, etc. <b>207A</b>		Suite, Apt. #, etc. <b>207A</b>	
City & State <b>ORLANDO FL</b>		City & State <b>ORLANDO FL</b>	
Zip <b>32819</b>	Country <b>US</b>	Zip <b>32819</b>	Country <b>US</b>
6. Name and Address of Current Registered Agent <b>DUARTE, NORBERTO R. 7520 UNIVERSAL BLVD, STE 105 ORLANDO FL 32819</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (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. <input type="checkbox"/> (See criteria on back)		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CORREA, JOSE CARLOS M 7468 UNIVERSAL BLVD ORLANDO FL 32819</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S DUARTE, NORBERTO R 446 WATER ST CELEBRATION FL 34717</b> <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		01/05/2001 407.248.2626 Date Daytime Phone #	

CR2E034 (10/00)