

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90244 001 ***150.00

DOCUMENT # P98000053524			
1. Entity Name JVP INTERNATIONAL, INC.			
Principal Place of Business 7802 KINGSPONTE PKWY. STE 207A ORLANDO FL 32819		Mailing Address 7802 KINGSPONTE PKWY. STE 207A ORLANDO FL 32819	
2. Principal Place of Business 7802 KINGSPONTE PKWY Suite, Apt. #, etc. 105 City & State ORLANDO FL Zip 32819 Country ORANGE-US		3. Mailing Address 7802 KINGSPONTE PKWY Suite, Apt. #, etc. 105 City & State ORLANDO FL Zip 32819 Country USA	



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3523305		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent DUARTE, NORBERTO R 7520 UNIVERSAL BLVD, STE 105 ORLANDO FL 32819		
7. Name and Address of New Registered Agent Name: LOPES, CLAUBER Street Address (P.O. Box Number is Not Acceptable): 2167 LAKE DEBRA DR. 731 City: ORLANDO FL Zip Code: 32835		
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: LOPES, CLAUBER DATE: 04/22/02 <small>(NOTE: Registered Agent signature required when reinstating)</small>		

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORREA, JOSE CARLOS M 7468 UNIVERSAL BLVD ORLANDO FL 32819 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORREA, PAULA 7802 KINGSPONTE PKWY ORLANDO FL 32819 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DUARTE, NORBERTO R 446 WATER ST CELEBRATION FL 34717 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOPES, CLAUBER 7802 KINGSPONTE PKWY ORLANDO FL 32819 <input type="checkbox"/> Change <input checked="" 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
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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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

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: **04/22/02 407-345-8690**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

01/10/02 7 AV CR2E034 (9/01)