

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90170 010 ***150.00

DOCUMENT # P98000053524

1. Entity Name
JVP INTERNATIONAL, INC.



Principal Place of Business
7802 KINGSPONTE PKWY.
105
ORLANDO FL 32819

Mailing Address
7802 KINGSPONTE PKWY.
105
ORLANDO FL 32819



2. Principal Place of Business
7802 KINGSPONTE PKWY

3. Mailing Address
70 BOX 690159

Suite, Apt. #, etc.
208-A

Suite, Apt. #, etc.

City & State
Orlando FL

City & State
Orlando FL

4. FEI Number
59-3523305

Applied For
☐ Not Applicable

Zip
32819

Country
USA

Zip
32869

Country
USA

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

6. Name and Address of Current Registered Agent

LOPES, CLAUBER
2167 LAKE DEBRA DR. 731
ORLANDO FL 32835

7. Name and Address of New Registered Agent

Name
LOPES, CLAUBER

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

5512 Spring Run Ave

City
Orlando

FL

Zip Code
32819

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 registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE
P
NAME
CORREA, PAUL A
STREET ADDRESS
7802 KING POINT PKWY
CITY-ST-ZIP
ORLANDO FL 32819

TITLE
S
NAME
LOPES, CLAUBER
STREET ADDRESS
7802 KINGSPONTE PKWY
CITY-ST-ZIP
ORLANDO FL 32819

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
5512 Spring Run Ave
Orlando FL 32819

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NAME
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

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

04/01/03

Date

Daytime Phone #

CR2E034 (10/02)