2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000059890

1. Entity Name

IVALVEN CORPORATION

FILED

00 SEP 11 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/11/00 90005/026 $150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
8466 N.W. 72ND STREET MIAMI, FL. 33166.	

2. Principal Place of Business	3. Mailing Address
8466 NW 72ND STREET	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL. 33166	City & State
Zip: 33166 / Country	Zip / Country

4. FEI Number: 65-0859195 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Ernesto Gutierrez
7345 S.W. 21 Street
Miami, Fl. 33155.

7. Name and Address of New Registered Agent

Name

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

City FL 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 ______
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) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Munoz, Jose 8466 NW 72nd Street Miami, Fl. 33166. ☐ 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
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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: ______ 08/31/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

9/11

-Please Do Not Detach-

Attachment
P98000059890
A00075875

-2-
2008

WALVEN CORP.
8466 NW 72 ST MIAMI, FL. 33166
Ph: (305) 470-7377 (305) 470-8741
Fax: (305) 470-8742

Miami Agust 3 2000

TO: DIVISION OF CORPORATION
P.O. Box 6327
Tallahassee, Florida 32314

This is to certify that we did not receive the first notice on our **UNIFORM BUSINESS REPORT No. P98000059890** annual renewal, enclosed you will find a check for $150.00

Regards

Jose Muñoz
Director