

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000072808**

1. Entity Name

**CV CONSULTANTS, INC.****FILED**  
**Jan 13, 2000 8:00 am**  
**Secretary of State**

01-13-2000 90017 003 \*\*\*150.00

**B0001348**

DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>546 SPINNAKER WESTON FL 33326-2942</b>	Mailing Address <b>546 SPINNAKER WESTON FL 33326-2942</b>
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2. Principal Place of Business <b>2115 N Commerce Parkway</b> Suite, Apt. #, etc.	3. Mailing Address <b>2115 N Commerce Parkway</b> Suite, Apt. #, etc.
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City & State <b>Weston FL</b>	City & State <b>Weston FL</b>
Zip <b>33326</b>	Country <b>USA</b>

4. FEI Number <b>65-0862500</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>LEWIS, HAROLD L 2 S. BISCAYNE BLVD. SUITE 3660 MIAMI FL 33131</b>
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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8. The above named entity submits this report in response of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of officer or director (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD VAZQUEZ, ALEX 546 SPINNAKER WESTON FL 33326-2942</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT CAMPANILE, LOU 546 SPINNAKER WESTON FL 33326-2942</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2115 N Commerce Parkway Weston FL 33326</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2115 N Commerce Parkway Weston FL 33326</b>
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"/> Change <input type="checkbox"/> Addition
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"/> 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: \_\_\_\_\_ **1/6/00** **954/389-1400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)