

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90129 022 ***158.75

DOCUMENT # P98000072808

1. Entity Name
CV CONSULTANTS, INC.

Principal Place of Business 2115 N COMMERCE PARKWAY WESTON FL 33326-2942	Mailing Address 2115 N COMMERCE PARKWAY WESTON FL 33326-2942
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 546 SPINNAKER Suite, Apt. #, etc.	3. Mailing Address 546 SPINNAKER Suite, Apt. #, etc.
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City & State WESTON, FL	City & State WESTON, FL
Zip 33326	Country USA
Zip 33326	Country USA

4. FEI Number 65-0862500	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEWIS, HAROLD L
 2 S. BISCAYNE BLVD. SUITE 3660
 MIAMI FL 33131**

Name LOU CAMPANILE, JR.
Street Address (P.O. Box Number is Not Acceptable) 546 SPINNAKER
City WESTON
State FL
Zip Code 33326

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 **President** DATE **1/22/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	PSD VAZQUEZ, ALEX 2115 N COMMERCE PARKWAY WESTON FL 33326-2942 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CAMPANILE, LOU 2115 N COMMERCE PARKWAY WESTON FL 33326-2942 <input type="checkbox"/> Delete 546 SPINNAKER
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

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"/> 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 of all other like empowered.

SIGNATURE: DATE: **1/22/01** DAYTIME PHONE #: **954/389-1400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)