

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002111

1. Entity Name

BVL DONUTS, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90046 011 \*\*\*150.00

Principal Place of Business

Mailing Address

807 W VINE STREET  
KISSIMMEE FL 34741

~~807 W VINE STREET~~  
~~KISSIMMEE FL 34741 4162~~

2. Principal Place of Business

3. Mailing Address

200 E Robinson Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 500

City & State

Orlando FL

4. FEI Number

59-3562917

Applied For

Not Applicable

Zip

Country

Zip

Country

32801

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUES, JOAO C  
807 W VINE STREET  
KISSIMMEE FL 34741

Name Florida Corporate Support, INC.

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

200 E. Robinson Street

Suite 500

City Orlando

FL

Zip Code

32801

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.

FLORIDA CORPORATE SUPPORT, INC.

SIGNATURE

By:

*[Signature]*

Assistant Secretary

4/10/00

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 D ☐ Delete  
NAME RODRIGUES, JOAO C  
STREET ADDRESS 14752 LONE EAGLE DR  
CITY-ST-ZIP ORLANDO FL 32837

TITLE P/T/D ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME RODRIGUES, DELORES C  
STREET ADDRESS 14752 LONE EAGLE DR  
CITY-ST-ZIP ORLANDO FL 32837

TITLE V/S/D ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-00

Date

Daytime Phone #

CR2E034 (9/99)