

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90430 001 *****8.75
 05-24-2000 90430 002 ***150.00

16788



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000011622

1. Entity Name

KVR INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

350 LINCOLN RD.
 MIAMI BCH FL 33139

350 LINCOLN RD.
 MIAMI BCH FL 33139-3131

2. Principal Place of Business

3. Mailing Address

4239 N.W 37 COURT
 Suite, Apt. #, etc.

4239 N.W 37 COURT
 Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-0893939

Applied For

Not Applicable

Zip

Country

33142

USA

Zip

Country

33142

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

Name

CARLOS ADORNO

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

455 N.E 3251 APT 8.

City

MIAMI, FLORIDA

FL

Zip Code

33137

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 CARLOS ADORNO

DIRECTOR SECRETUR. APRIL 28-00

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	<input type="checkbox"/> Delete
NAME	BECH, LILYMAR	
STREET ADDRESS	350 LINCOLN RD.	
CITY-ST-ZIP	MIAMI BCH FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRANCE, TYLER A	
STREET ADDRESS	621 CHENIER WAY ORLEANS	
CITY-ST-ZIP	ONTARIO, CANADA K4A 1R5	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D. S. T.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARLOS ADORNO	
STREET ADDRESS	455 N.E. 3251 APT 8.	
CITY-ST-ZIP	MIAMI, FLORIDA 33137.	
TITLE	V.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHERIE FRANCE	
STREET ADDRESS	867 S.E. 10 ST.	
CITY-ST-ZIP	MIAMI, FLORIDA 33010	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

TYLER FRANCE, Director

APRIL 28-00 305-635-2244

Date

Daytime Phone #

CR2E034 (9/99)