

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000016870

1. Entity Name

JOVA BUSINESS, INC.

Principal Place of Business

9325 OKEECHOBEE RD BAY #6
HIALEAH FL 33016

Mailing Address

9325 OKEECHOBEE RD BAY #6
HIALEAH FL 33016-2124

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

00 65-0912471

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOVA, LAZARO
9325 OKEECHOBEE RD BAY #6
HIALEAH GARDENS FL 33016

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	JOVA, LAZARO	
STREET ADDRESS	1149 WEST 27TH STREET, #201	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	JOVA, ALINA	
STREET ADDRESS	1149 WEST 27TH STREET, #201	
CITY-ST-ZIP	HIALEAH FL 33010	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAZARO J. JOVA	
STREET ADDRESS	17642 NW 87TH. PLACE (PLANE)	
CITY-ST-ZIP	MIAMI FLORIDA 33018	
TITLE	VSTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALINA JOVA	
STREET ADDRESS	17642 NW 87TH. PLANE	
CITY-ST-ZIP	MIAMI FLORIDA 33018	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Alina Jova* ALINA JOVA, VICE-PRESIDENT, 4/27/2000 (305) 828-1212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE