

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91897 037 ***150.00

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DOCUMENT # P99000016870

1. Entity Name

JOVA BUSINESS, INC.



Principal Place of Business

~~9325 OKEECHOBEE RD BAY #6~~

~~HIALEAH FL 33016~~

2170 WEST 10TH. COURT
HIALEAH, FLORIDA 33010

Mailing Address

~~9325 OKEECHOBEE RD BAY #6~~

~~HIALEAH FL 33016~~

2170 WEST 10TH. COURT
HIALEAH, FLORIDA 33010

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0912471

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~JOVA, LAZARO~~

~~9325 OKEECHOBEE RD BAY #6~~

~~HIALEAH GARDENS FL 33016~~

Name

JOVA, LAZARO DE JESUS

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

2170 WEST 10TH. COURT

City

HIALEAH

FL

Zip Code

33010

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME PD
STREET ADDRESS JOVA, LAZARO J
CITY-ST-ZIP 17642 NW 87TH PL
MIAMI FL 33018

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

TITLE ☐ Delete
NAME VSTD
STREET ADDRESS JOVA, ALINA C.
CITY-ST-ZIP 17642 NW 87TH PL
MIAMI FL 33018

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
LAZARO DE JESUS JOVA, PRESIDENT

APRIL 28/2003

NONE

Date

Daytime Phone #

CR2E034 (10/02)