

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90094 046 ***158.75

DOCUMENT # P99000028611

1. Entity Name

F V C CORPORATION

Principal Place of Business

Mailing Address

8851 NE 119 STREET APT 1212
 HIALEAH GARDENS FL 33018

8851 NE 119 STREET APT 1212
 HIALEAH GARDENS FL 33018

00027355



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

8932 NW 163 Ter.

8932 NW 163 Ter.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Lakes, FL

City & State

Miami Lakes, FL

4. FEI Number

65-0908160

Applied For

Not Applicable

Zip

Country

33018

Zip

Country

33018

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

CABRERA, JORGE E
 8851 NE 119 STREET APT 1212
 HIALEAH GARDENS FL 33018

Name

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

8932 NW 163 Terrace

City

Miami Lakes

FL

Zip Code

33018

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, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	CABRERA, JORGE E	NAME	
STREET ADDRESS	8851 NE 119 STREET APT 1212	STREET ADDRESS	8932 NW 163 Terrace
CITY-ST-ZIP	HIALEAH GARDENS FL 33018	CITY-ST-ZIP	Miami Lakes, FL 33018
TITLE	D ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	CABRERA, DENEBA	NAME	
STREET ADDRESS	8851 NE 119 STREET APT 1212	STREET ADDRESS	8932 NW 163 Terrace
CITY-ST-ZIP	HIALEAH GARDENS FL 33018	CITY-ST-ZIP	Miami Lakes, FL 33018
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JORGE E CABRERA

Date

Daytime Phone #

CR2E034 (10/00)