

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000033359

1. Entity Name

JAV COMMUNICATIONS, INC.

R

FILED

Jul 19, 2000 8:00 am
Secretary of State

05-19-2000 90019 047 ***150.00

Principal Place of Business

9960 SW 1 STREET
MIAMI FL 33174

Mailing Address

9960 SW 1 STREET
MIAMI FL 33174

2. Principal Place of Business

Same

3. Mailing Address

P.O. Box 720097

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, FL

4. FEI Number

650914170

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

33172

U.S.A.

5. Certificate of Status Desired ☐

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Name and Address of New Registered Agent

VIVAS, JAIBER A
9960 SW 1 STREET
MIAMI FL 33174

(Number is Not Acceptable)

8. The above named entity submits this statement

SIGNATURE

Signature, typed or printed name of registered agent

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

ction Campaign Financing
t Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIR

ANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MUNOZ, MILDRED
STREET ADDRESS 9960 SW 1 STREET
CITY-ST-ZIP MIAMI FL 33174

TITLE VTD
NAME VIVAS, JAIBER A
STREET ADDRESS 9960 SW 1 STREET
CITY-ST-ZIP MIAMI FL 33174

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/00

Date

(305) 801-3320

Daytime Phone #

Please send new
mail to:
JAV Communications, Inc
P.O. Box 720097
Miami, FL 33172
Thank you.
(not extra charges, please)

2000 UNIFORM BUSINESS REPORT (UBR).

5/19/00-90019-047-\$150.00-\$150.00

DOCUMENT # P99000033359

1. Entity Name

JAV COMMUNICATIONS, INC.

Attachment
308484

Principal Place of Business

9960 SW 1 STREET
MIAMI FL 33174

Mailing Address

9960 SW 1 STREET
MIAMI FL 33174-1855

2. Principal Place of Business

Same

3. Mailing Address

P.O. Box 720097

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Miami, FL

4. FEI Number

650 91 4170

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

33172

Country

U.S.A.

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

VIVAS, JAIBER A
9960 SW 1 STREET
MIAMI FL 33174

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MUNOZ, MILDRED
9960 SW 1 STREET
MIAMI FL 33174 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
VIVAS, JAIBER A
9960 SW 1 STREET
MIAMI FL 33174 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

4/28/2000
Date

(305) 801-3370
Daytime Phone

CR2E034 (9/99)