

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91281 017 ***150.00

DOCUMENT # P99000033359

1. Entity Name
JAV COMMUNICATIONS, INC.

Principal Place of Business

**9960 SW 1 STREET
 MIAMI FL 33174**

Mailing Address

**P.O. BOX 720097
 MIAMI FL 33172**

2. Principal Place of Business

6229 SW 131 Place

3. Mailing Address

6229 SW 131 Place

Suite, Apt. #, etc.

101

Suite, Apt. #, etc.

101

City & State.

MIAMI, FL

City & State

MIAMI, FL

Zip

Country

33183 USA

Zip

Country

33183 USA

4. FEI Number

65-0914170

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**VIVAS, JAIBER A
 9960 SW 1 STREET
 MIAMI FL 33174**

7. Name and Address of New Registered Agent

Name **VIVAS, JAIBER A.**

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

6229 SW 131 PLACE # 101

City **MIAMI** FL Zip Code **33183**

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 **Jaiber Vivas**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-02

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, 2002 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	delete
NAME	MUNOZ, MILDRED	
STREET ADDRESS	9960 SW 1 STREET	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	VTD	delete
NAME	VIVAS, JAIBER A	
STREET ADDRESS	9960 SW 1 STREET	
CITY-ST-ZIP	MIAMI FL 33174	
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	MUNOZ, MILDRED	
STREET ADDRESS	6229 SW 131 PLACE # 101	
CITY-ST-ZIP	MIAMI, FL 33183	
TITLE	VTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIVAS, JAIBER A.	
STREET ADDRESS	6229 SW 131 PLACE # 101	
CITY-ST-ZIP	MIAMI, FL 33183	
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		
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:

Jaiber Vivas
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02 **786-251-8827**

Date

Daytime Phone #

CR2E034 (9/01)