2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State
05-23-2000 90192 009 ***150.00

DOCUMENT # P99000060862

1. Entity Name

M.A.V. INTERNATIONAL, CORPORATION

Principal Place of Business	Mailing Address
~~8391 N.W. 64TH STREET MIAMI FL 33166~~ 810 Orienta Ave. #B Altamonte Springs, FL 32701	~~8391 N.W. 64TH STREET MIAMI FL 33166-8901~~

2. Principal Place of Business	3. Mailing Address
810 Orienta Ave #B	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Altamonte Springs	#B FL 32701
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0938480 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BUENO, MARCO A
8391 N.W. 64TH STREET
MIAMI FL 33166

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 _____ Date
Signature, typed or printed name of registered agent and title if applicable. (Note: Registered Agent signature required when reinstating)

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

IF FILE NOW!!! FEE IS $150.00 IF AFTER MAY 31, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP		
D BUENO, MARCO A ~~8391 N.W. 64TH STREET~~ ~~MIAMI FL 33166~~	☒ Delete	
	☐ Delete	
	☐ Delete	
	☐ Delete	
	☐ Delete	
	☐ Delete	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
D. President 810 Orienta Ave. B Altamonte Springs FL 32701	☒ Change	☐ Addition
	☐ Change	☐ Addition
	☐ Change	☐ Addition
	☐ Change	☐ Addition
	☐ Change	☐ Addition
	☐ 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)(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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE: X _____ Pres. 4/28/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MARCO A. BUENO