

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000087856

1. Entity Name

I.V.F. CORPORATION

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90519 003 ***150.00

Principal Place of Business

1920 E. HALLANDALE BEACH BOULEVARD
SUITE 642
HALLANDALE FL 33009

Mailing Address

1920 E. HALLANDALE BEACH
BLVD. SUITE 642
HALLANDALE BEACH, FL 33009



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1920 E. HALLANDALE BEACH BLVD

3. Mailing Address

SUITE 642

Suite, Apt. #, etc.

SUITE 642

Suite, Apt. #, etc.

SUITE 642

City & State

HALLANDALE, FL

City & State

HALLANDALE BEACH, FL

4. FEI Number

65-0952679

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUPPERT, JOSEPH H
11440 N. KENDALL DRIVE
SUITE 201
MIAMI FL 33176

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

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

MARCELO SOLON

(NOTE: Registered Agent signature required when reinstating)

DATE

3/12/2001

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

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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.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE D
NAME SOLON, MARCELO
STREET ADDRESS 1920 E. HALLANDALE BEACH BOULEVARD #642
CITY-ST-ZIP HALLANDALE FL 33009

☐ Delete

TITLE D
NAME STEFANELLI, RITA
STREET ADDRESS 1920 E. HALLANDALE BEACH BOULEVARD #804
CITY-ST-ZIP HALLANDALE FL 33009

☒ Delete

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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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)(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

MARCELO SOLON

Date

Daytime Phone #

1-10-01 9544553363

CR2E034 (10/00)