

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 06, 2000 08:00 AM
Secretary of State****DOCUMENT # P99000088973****1. Entity Name**
DUVA CONSULTING, INC.**Principal Place of Business**
261 NE 38TH STREET SUITE D217

OAKLAND PARK FL 33334**Mailing Address**
261 NE 38TH STREET SUITE D217

OAKLAND PARK FL 33334**2. Principal Place of Business**
261 NE 38TH STREET**3. Mailing Address**
261 NE 38TH STREET**Suite, Apt. #, etc.**
SUITE D-217**Suite, Apt. #, etc.**
SUITE D-217**City & State**
OAKLAND PARK FL**City & State**
OAKLAND PARK FL**Zip**
33334**Country**
US**Zip**
33334**Country**
US**4. FEI Number**
22-3681655**Applied For**
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**MERKIN STEWART AESQ**
444 BRICKELL AVENUE SUITE 300**MIAMI FL 33131 US****7. Name and Address of New Registered Agent****Name**
MERKIN STEWART AESQ
Street Address (P.O. Box Number is Not Acceptable)
444 BRICKELL AVENUE
SUITE 300
City
MIAMI FL 33131**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)

07/06/2000

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****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
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CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☒ Addition
NAME
MR DUVA ANDREW GPRES
STREET ADDRESS
261 NE 38TH ST SUITE D-217
CITY-ST-ZIP
OAKLAND PARK FL 33334**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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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** Andrew G. Duva

Pres. 07/06/2000