

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000099343

1. Entity Name

U.V.A. DESIGNS, INC.

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90005 006 ***150.00

Principal Place of Business

1825 PONCE DE LEON BLVD.-PMB 221
CORAL GABLES FL 33134

Mailing Address

1825 PONCE DE LEON BLVD.-PMB 221
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0966457

Applied For

Not Applicable

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

VEREBAY, LAYNE
888 SE 3RD AVENUE
SUITE 400
FT. LAUDERDALE FL 33316

Name

Humberto Vivar

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

1825 Ponce De Leon Blvd #PMB-221

City

Coral Gables

FL

33134

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

7.29.2000

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D VIVAR, HUMBERTO 1825 PONCE DE LEON BLVD.-PMB 221 CORAL GABLES FL 33134	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST VIVAR, HUMBERTO 1825 PONCE DE LEON BLVD.-PMB 221 CORAL GABLES FL 33134	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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)(i), Florida Statutes. I further certify that the information indicated on this report or supplement 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

Date

Daytime Phone #

7.29.2000

CR2E034 (5/00)

attachment

DOC # P99000099343
DW78863

081400

RANDALL M. STAFMAN, C.P.A., P.A.
CERTIFIED PUBLIC ACCOUNTANTS

WINDMILL PROFESSIONAL CAMPUS
17140 ARVIDA PARKWAY • SUITE 1
WESTON, FL 33326-2312
TEL: 954-385-0004
FAX: 954-385-0011
E-MAIL: rstafman@aol.com

Member of:
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
RANDALL M. STAFMAN, C.P.A.
SANDRA ROLON, C.P.A.

August 10, 2000

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: U.V.A. Designs, Inc.
Doc # P99000099343
FEI# 65-0966457
Year: 2000

To Whom It May Concern:

The above referenced client did not receive their first notice of the Uniform Business Report. The client was unaware of the requirements and filing dates of this report. This is the corporation's first year receiving the UBR. Please accept the enclosed check for \$150.00 and abate all penalties for late filing. Thank you in advance for your cooperation.

Sincerely,



Sandra Rolon, CPA

Cc: UVA Designs, Inc.