

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90070 033 ***150.00

DOCUMENT # P99000100177

1. Entity Name

3V CORPORATION

Principal Place of Business

**3890 W COMMERCIAL BLVD
 SUITE #213
 FORT LAUDERDALE FL 33309
 US**

Mailing Address

**3890 W COMMERCIAL BLVD
 SUITE #213
 FORT LAUDERDALE FL 33309
 US**

2. Principal Place of Business

10803 NW 51 TRAIL

Suite, Apt. #, etc.

3. Mailing Address

10803 NW 51 TRAIL

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33178

Country

USA

Zip

33178

Country

USA

4. FEI Number

65-0962079

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

**BAEZ, ANGEL
 10803 NW 51 TRAIL
 MIAMI FL 33178**

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.

(NOTE: Registered Agent signature required when reinstating)

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, 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	D	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, DANIEL H	
STREET ADDRESS	ALSINA 288-2A RAMOS MEJIA (1704	
CITY-ST-ZIP	BUENOS AIRES ARGENTINA	
TITLE	D	<input type="checkbox"/> Delete
NAME	PASIKA, ALEJANDRO M	
STREET ADDRESS	AZCUENAGA 927-DTO 3 RAMOS MEJIA (1704)	
CITY-ST-ZIP	BUENOS AIRES ARGENTINA	
TITLE	D	<input type="checkbox"/> Delete
NAME	PASIKA, CLAUDIA R	
STREET ADDRESS	AZCUENAGA 927-DTO 3 RAMOS MEJIA (1704)	
CITY-ST-ZIP	BUENOS AIRES ARGENTINA	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANGEL BAEZ	
STREET ADDRESS	10803 NW 51 TRAIL	
CITY-ST-ZIP	MIAMI FL 33178	
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:  **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)