2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

FILED May 10, 2002 8:00 am Secretary of State S23972 DOCUMENT # 1. Entity Name H.V. ENTERPRISES, INC. 05-10-2002 90014 008 ***150.00 Principal Place of Business Mailing Address 1996 SW 1 ST 1996 SW 1 ST MIAMI FL 33135-1640 MIAMI FL 33135-1640 2. Principal Place of Business 3. Mailing Address 2100 Coro 2100 Coral Wa Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 304 २०५ City & State City & State 4. FEI Number Applied For 65-0362790 FI Not Applicable Wro mo Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 33145 <u>US</u>A USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PEREZ, JOSE A. Street Address (P.O. Box Number is Not Acceptable) 3105 NW 79TH AVE MIAMI FL 33132 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change [] Addition TITLE ☐ Delete TITLE SALAMERO, JOSE A. PEREZ NAME STREET ADDRESS 3105 NW 79TH AVE STREET ADDRESS **MIAMI FL 33132** CITY-ST-ZiP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME PEREZ, JOSE A. 3105 NW 79TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33132** TITLE Change Addition ☐ Delete TITLE Perezbeanero, maria PEREZ SALAMERO, MARIE T NAME NAME STREET ADDRESS STREET ADDRESS 1996 SW 1ST ST 3105 NWFI AR CITY-ST-ZIP **MIAMI FL 33135** CITY-ST-7IP TITLE Change ☐ Addition TITLE \$ ☐ Delete NAME NAME + STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SP-ZIP Change ☐ Addition TITLE TITLE □ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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