

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90137 007 ***150.00

DOCUMENT # S50885

1. Entity Name

W.V.S. ENTERPRISES, INC.

Principal Place of Business

**2350 CORAL WAY
 SUITE 401
 MIAMI FL 33145-3536**

Mailing Address

**2350 CORAL WAY
 SUITE 401
 MIAMI FL 33145-3536**

2. Principal Place of Business

3640 S.W. 19 Street
 Suite, Apt. #, etc.

3. Mailing Address

3640 S.W. 19 Street
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami Florida

City & State

Miami Florida

4. FEI Number **59-2302401**

Applied For
 Not Applicable

Zip

Country

Zip

Country

33145 USA

USA

33145 USA

USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DORTA, GONZALO R.
 334 MINORCA AVE
 CORAL GABLES FL 33134**

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

[Handwritten Signature]

[Handwritten Signature]
 DATE

Signature of individual or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	SILVA, LEIDY E.	2350 CORAL WAY #401	MIAMI FL	<input type="checkbox"/>
D	SILVA, WALDO V.	2350 CORAL WAY #401	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		3640 S.W. 19 Street	MIAMI, FLORIDA 33145	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		3640 S.W. 19 Street	MIAMI, FLORIDA 33145	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 lists empowered.

SIGNATURE:

[Handwritten Signature]

[Handwritten Date] 1/21/01 (305) 648-3230
 Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)