FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUL -2 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S52930

1. Entity Name

FVR & Associates, Inc.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
801 International Pkwy	801 International Pkwy
Suite, Apt. #, etc.: 5th Floor	Suite, Apt. #, etc.: 5th floor
City & State: Lake Mary, FL	City & State: Lake Mary, FL
Zip: 32746 Country: USA	Zip: 32746 Country: USA

4. FEI Number: 65-0275127 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Louis Sanchez

Street Address (P.O. Box Number is Not Acceptable): 1227 OxBow LANE

City: Winter Springs **FL** Zip Code: 32708

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: Louis Sanchez Louis Sanchez, President 6-19-02

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	President
NAME	Louis Sanchez
STREET ADDRESS	1227 OxBow LANE
CITY-ST-ZIP	Winter Springs FL. 32708
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	-07/05/02--01070--005
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CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Louis Sanchez 6-19-02 407-562-1956

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6-27-02