2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000002326** Mar 27, 2000 8:00 am **Secretary of State** UNIVERSAL STAR VIDEO, INC. 03-27-2000 90106 030 ***150.00 Principal Place of Business Mailing Address 118 HIALEAH DRIVE 118 HIALEAH DRIVE HIALEAH FL 33010 HIALEAH FL 33010-5250 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-089925B Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RODRIGUEZ, RIGOBERTO RODRIGUEZ, RIGOBERTO Street Address (P.O. Box Number is Not Acceptable) 2151 S.W. 5TH ST. #C **MIAMI FL 33135** City Zip Code H13LE1H 3*30*10 8. The above named entity submits this statement to the purpose of changing its registered office or registered agent, or both, in the State of Florida. RICOBERTO RODRIGUEZ - PRES. SIGNATURE 2 egistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition ☐ Delete TITLE TITLE RODRIGUEZ. RIGOBERTO NAME NAME STREET ADDRESS STREET ADDRESS 2151 S.W. 5TH ST. #C CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33135 ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - Delete - - Change - - - Addition: TITLE-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this fling 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.

RICOCCETO RODNIGUEZ-8.3/23

NOTYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE