

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000069604

1. Entity Name

I.V.C. TELEVISION, INC.

FILED

Mar 31, 2000 8:00 am  
Secretary of State

03-31-2000 90036 003 \*\*\*150.00

Principal Place of Business

Mailing Address

5201 BLUE LAGOON DR  
STE 650  
MIAMI FL 33126  
US

5201 BLUE LAGOON DR  
STE 605  
MIAMI FL 33126-2064  
US

2. Principal Place of Business

5201 Blue Lagoon Dr.

3. Mailing Address

5201 Blue Lagoon Dr.

Suite, Apt. #, etc.  
270

Suite, Apt. #, etc.  
270

City & State

Miami, Fl. 33126

City & State

Miami, Fl.

Zip

33126

Country

US

Zip

33126

Country

US

4. FEI Number

65-0642734

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ARAZOZA COMAS DE TORRES FERNANDEZ-FRAGA PA  
2100 SALZEDO STREET  
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

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, 2000 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	PD CUSCO, ENRIQUE 5201 BLUE LAGOON DRIVE STE 650 MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COMAS, GASTON 101 MADEIRA AVE. CORAL GABLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CUSCO, EDUARDO 5201 BLUE LAGOON DR. STE 650 MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GONZALEZ, JORGE A 5201 BLUE LAGOON DRIVE STE 650 MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CUSCO, ENRIQUE 5201 Blue Lagoon Dr. Ste. 270 Miami, Fl. 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COMAS, GASTON 5201 Blue Lagoon Dr. Ste. 270 Miami, Fl. 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CUSCO, EDUARDO 5201 Blue Lagoon Dr. Ste. 270 Miami, Fl. 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/2000

Date

305-260-7577

Daytime Phone #

CR2E034 (9/99)