

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90071 039 ***150.00

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DOCUMENT # P01000056309

1. Entity Name
SERVICIO DE VIDEO INC.



Principal Place of Business
**2109 N STATE RD 7
HOLLYWOOD FL 33021**

Mailing Address
**2109 N STATE RD 7
HOLLYWOOD FL 33021**



2. Principal Place of Business

2109 N State Rd 7

Suite, Apt. #, etc.

3. Mailing Address

6060 SW 14 St

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Hollywood FL

Zip
33021

Country

USA

City & State

Plantation FL

Zip

33317

Country

USA

4. FEI Number **65-1112348**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SOLER, LIDIA
422 JOHNSON ST.
HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

Name **Lidia Soler**
Street Address (P.O. Box Number is Not Acceptable)
6060 SW 14 St
City **Plantation** FL Zip Code **33317**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Lidia Soler*

3-30-03

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SOLER, LIDIA	
STREET ADDRESS	6060 SW 14 ST	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-03

Date

951-961-9412

Daytime Phone #

CR2E034 (10/02)