


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90144 030 \*\*\*150.00

DOCUMENT # **661272**

1. Entity Name  
**VIDEOLAB, INC.**



Principal Place of Business  
**VIDEOLAB, INC.**  
**2240 NW. 82 AVE.**  
**MIAMI FL . 33122**

Mailing Address  
**VIDEOLAB, INC.**  
**2240 NW. 82 AVE.**  
**MIAMI FL 33122**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**59-2002003**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**GONZALEZ , ANA.**  
**2600 S.W. 3rd AVE. STE 400**  
**MIAMI FL. 33129**

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

SIGNATURE \_\_\_\_\_  
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 \$350.00  
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 NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, REMIGIO A. <input type="checkbox"/> Delete 2555 PASEO DE LA REFORMA MEXICO 10, D.F.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, REMIGIO A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2600 S.W. 3RD. AVENUE - SUITE 400 MIAMI, FL. 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HEYDI MORICE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2600 S.W. 3RD. AVENUE - SUITE 400 MIAMI, FL. 33129
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

2. 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  
Date **09/13/2003** (305) 592-9945

CR2E034 (10/02)