

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90039 022 ***150.00

DOCUMENT # F03000000471

1. Entity Name
CINEVISION (MIA), INC.

CLOSED SINCE DEC 2002



Principal Place of Business *DELETE*
**PO BOX 324
ORADELL NJ 07649**

Mailing Address *DELETE*
**PO BOX 324
ORADELL NJ 07649**

PO BOX 940907 MIAMI FL 33194

PO BOX 940907 MIAMI FL 33194

2. Principal Place of Business
PO BOX 940907

Suite, Apt. #, etc.

3. Mailing Address
PO BOX 940907

Suite, Apt. #, etc.

City & State
MIAMI FL


Zip
33194

Country
USA

City & State
MIAMI FL

Zip
33194

Country
USA



MOORE CR2E034 (11/03)

4. FEI Number
13-3847712

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DREKE, LOWRY J
3191 SW 130 AVENUE
MIAMI FL 33175

LOWRY
CORRECT NAME

7. Name and Address of New Registered Agent

Name
LOWRY J. DREKE

Street Address (P.O. Box Number is Not Acceptable)
3191 SW 130TH AVE

City
MIAMI

State
FL

Zip Code
33175

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, 2004 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	DREKE, LOWRY J	
STREET ADDRESS	3191 SW 130 AVENUE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DREKE, JULIA B	
STREET ADDRESS	3191 SW 130 AVENUE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

Please correct address

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 the empowered.

SIGNATURE: *Lowry J. Drake* **3/6/04**

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