

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

G51451

11711 Book & Video Corp.

Principal Place of Business

Mailing Address

11711 Biscayne Blvd
Miami FL 33181

2. Principal Place of Business

3. Mailing Address

13200 SW 128 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

% Emanuel #F-2

City & State

City & State

Miami FL

4. FEI Number

59-2309136

Applied For

Not Applicable

Zip

Country

Zip

33186

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Jay Emanuel & Assoc
13200 SW 128 St #F-2
Miami FL 33186

Name

Street Address (P.O. Box Number is Not Acceptable)

City & State

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

Joe Emanuel

4.12.00

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 ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

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TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

J M Kauter

4.19.00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)