

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 24, 2000 8:00 am
Secretary of State

08-24-2000 90034 016 ***150.00

DOCUMENT # J71844

1. Entity Name

ACTION-VIDEO REALTY & INVESTMENTS, INC.

Principal Place of Business

**487 TOWN CENTER ROAD
BOCA RATON FL 33431
US**

Mailing Address

**1301 SW 10TH AVENUE
SUITE F-204
DELRAY BEACH FL 33444
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2817090

Applied For

Not Applicable

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

**KOVACS, GENE
1301 SW 10TH AVENUE
PAT F-204
DELRAY BEACH FL 33483**

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **P KOVACS, GENE**
STREET ADDRESS **1301 SW 10 AVENUE #F-204**
CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **V KOVACS, BRUCE**
STREET ADDRESS **110 OCEAN TERRACE**
CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T AZMIER, SUSIE**
STREET ADDRESS **7641 NW 14 STREET**
CITY-ST-ZIP **PEMBROKE PINES FL 33924**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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:

SIGNATURE OF GENE KOVACS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-22-00

Date

(561) 750-0094

Daytime Phone #

CR2E034 (5/00)

Please note that
I have not received
any Precious Filing notice
(form) this year until
now. Enclosed please
find my check for
the \$15000 filing fee.
Thank you! Sincerely, [Signature]