

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90362 001 ***150.00
04-18-2001 90362 002 ***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

38047



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

R M W Z MERRITT SQUARE MALL
Suite, Apt. #, etc.

3. Mailing Address

304 BUCHANAN AVENUE
Suite, Apt. #, etc.
#1

City & State

MERRITT ISLAND, FL.

City & State

CAPE CANAVERAL

Zip

32942

Country

Bevord

Zip

32920

Country

Bevord

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)

340 BUCHANAN AVENUE #1

City

CAPE CANAVERAL

FL

Zip Code

32920

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 \$150.00
After MAY 1, 2001 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	P	<input type="checkbox"/> Delete
NAME	KOVACS, GENE	
STREET ADDRESS	1301 SW 10 AVENUE #F-204	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	V	<input type="checkbox"/> Delete
NAME	KOVACS, BRUCE	
STREET ADDRESS	110 OCEAN TERRACE	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	T	<input type="checkbox"/> Delete
NAME	AZMIER, SUSIE	
STREET ADDRESS	7641 NW 14 STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33924	
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		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	340 BUCHANAN AVE. #1	
CITY-ST-ZIP	CAPE CANAVERAL, FL. 32920	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	470 CAROL DR. NE	
CITY-ST-ZIP	PALM BAY, FL. 32907	
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		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)