

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

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90039 006 ***150.00

DOCUMENT # P00000007943

1. Entity Name

UNIVERSITY VIDEO ENTERPRISES, INC. ✓

DO NOT WRITE IN THIS SPACE

851645

2. Principal Place of Business
5611 North State Road 7

3. Mailing Address
5611 North State Road 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

4. FEI Number
65-0984125

Applied For
☐ Not Applicable

Zip
33319

Country

Zip
33319

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Jack Titolo

Street Address (P.O. Box Number is Not Acceptable)
5611 North State Road 7

City Ft. Lauderdale **FL** **Zip Code** 33319

8. The above named entity submits this statement of its intent of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Jack Titolo
Signature of Jack Titolo

(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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25
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

TITLE
NAME P/S/T/D
STREET ADDRESS TITOLO, JACK
CITY-ST-ZIP 5611 N. State Road 7
Ft. Lauderdale, FL 33319

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IN THIS SPACE**

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 authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other information.

SIGNATURE: *Jack Titolo* Jack Titolo, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)