

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90275 012 ***158.75

DOCUMENT # P00000014047

1. Entity Name

ARMADI'S VIDEO, INC.

Principal Place of Business

3520 S.W. 8TH STREET
MIAMI FL 33135

Mailing Address

3520 S.W. 8TH STREET
MIAMI FL 33135

2. Principal Place of Business

3. Mailing Address

P.O. Box: 441702

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Miami Fla.

4. FEI Number

65-0980926

Applied For

Not Applicable

Zip

Country

Zip
33144

Country

MIAMI-DADE

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

VALDES, ARMADIS
7171 S.W. 6TH STREET
MIAMI FL 33144

Name

Valdes, Armadis

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

3691 SW 5Tr Apt-205

City

Miami

FL

Zip Code

33135

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

Armadis Valdes

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
VALDES, ARMADIS
7174 S.W. 6TH STREET
MIAMI FL 33144 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD.
Valdes, Armadis
3691 SW 5Tr Apt-205
Miami, Fla. 33135 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
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☐ Delete

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

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:

Armadis Valdes

Armadis Valdes

(305) 562-9689

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)