

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
 05-20-2002 90053 022 ***150.00

DOCUMENT # P00000030196

1. Entity Name
AUDIO & VIDEO DEPOT, INC.

Principal Place of Business
2450 S.W. 197TH AVENUE
SUITE 226
MIAMI FL 33175

Mailing Address
2450 S.W. 197TH AVENUE
SUITE 226
MIAMI FL 33175



2. Principal Place of Business
10200 NW 25 Street
 Suite, Apt. #, etc.
A 104
 City & State
MIAMI FLORIDA
 Zip
33172 Country
USA

3. Mailing Address
10200 NW 25 Street
 Suite, Apt. #, etc.
A 104
 City & State
MIAMI FLORIDA
 Zip
33172 Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1004216** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
BOERI, CARLOS
10200 NW 25TH STREET
SUITE A 106
MIAMI FL 33170

7. Name and Address of New Registered Agent
 Name **QUEVEDO, SUIDIBERTO**
 Street Address (P.O. Box Number is Not Acceptable)
10200 NW 25th Street Suite A 104
 City **MIAMI** FL Zip Code **33172**

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 **04/25/02**
 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 ☐ **FILE NOW!!! FEE IS \$150.00.**
After May 1, 2002 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	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOERI, CARLOS		NAME		
STREET ADDRESS	10200 NW 25TH STREET SUITE A-104		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33172		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASSLATER, FEDERICO		NAME		
STREET ADDRESS	10200 NW 25TH STREET SUITE A-104		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33172		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUEVEDO, SUIDIBERTO		NAME		
STREET ADDRESS	10200 NW 25TH STREET SUITE A-104		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33172		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 a other like empowered.

SIGNATURE: **04-25-02** **3056400565**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #