

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000044945

1. Entity Name  
EZ-DISPLAYS, INC.

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**  
05-11-2001 90116 036 \*\*\*150.00

Principal Place of Business  
2600 S.W. 3RD AVE., SUITE 950  
MIAMI FL 33129

Mailing Address  
2600 S.W. 3RD AVE., SUITE 950  
MIAMI FL 33129



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
BRICKELL AVE # 1221  
Suite, Apt. #, etc.

3. Mailing Address  
BRICKELL AVE 1221  
Suite, Apt. #, etc.

SUITE 1590  
City & State  
MIAMI, FLORIDA

SUITE 1590  
City & State  
MIAMI, FLORIDA

4. FEI Number  
65-1004599  
Applied For  
Not Applicable

Zip  
33131  
Country  
USA

Zip  
33131  
Country  
USA

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

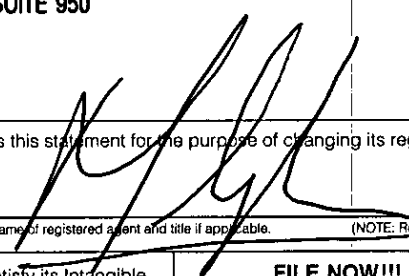
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARPENTER VENEGAS, MARCOS M  
2600 S.W. 3RD AVE., SUITE 950  
MIAMI FL 33129

Name  
MIGUEL WECHSLER  
Street Address (P.O. Box Number is Not Acceptable)  
BRICKELL AVE 1221  
SUITE 1590  
City  
MIAMI FL Zip Code  
33131

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  APRIL 27, 2001  
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  
D  
MUCHNICK, MIGUEL W  
2600 S.W. 3RD AVE., SUITE 950  
MIAMI FL 33129 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WECHSLER, MIGUEL  
BRICKELL AVE 1221  
MIAMI, FL 33131 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CARPENTER VENEGAS, MARCOS M  
2600 S.W. 3RD AVE., SUITE 950  
MIAMI FL 33129 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ROSALES, GERMAN  
BRICKELL AVE 1221  
MIAMI, FLA 33131 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)