

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000049716

1. Entity Name

IDVD BOX, INC.

Principal Place of Business

6560 W ROGERS CIRCLE, SUITE 14  
BOCA RATON FL 33487

Mailing Address

6560 W ROGERS CIRCLE, SUITE 14  
BOCA RATON FL 33487

2. Principal Place of Business

3. Mailing Address

6876 Queenferry Circle  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FLORIDA

Zip

Country

33496

Country

4. FEI Number

65-1031128

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CAVAYERO, STEPHEN B  
6560 W ROGERS CIRCLE, SUITE 14  
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name: Stephen B. Cavayero  
Street Address (P.O. Box Number is Not Acceptable):  
6876 Queenferry Circle,  
6876 Queenferry Circle,  
City: BOCA RATON FL Zip Code: 33496

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

4-25-2001

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

TITLE: D  
NAME: CAVAYERO, STEPHEN B  
STREET ADDRESS: 6560 W ROGERS CIRCLE, SUITE 14  
CITY-ST-ZIP: BOCA RATON FL 33487

TITLE: D  
NAME: TRIANA, RAMON A  
STREET ADDRESS: 6560 W ROGERS CIRCLE, SUITE 14  
CITY-ST-ZIP: BOCA RATON FL 33487

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
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NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
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 #

4-25-2001



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)