

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90189 039 ***150.00

DOCUMENT # P00000057396

1. Entity Name

O.T.V. KING CORPORATION

Principal Place of Business

19195 NE 36 COURT SUITE 2205
AVENTURA FL 33180

Mailing Address

19195 NE 36 COURT SUITE 2205
AVENTURA FL 33180

2. Principal Place of Business

3705 W FLAGLER ST.

3. Mailing Address

19195 Mystic Pointe Dr +

Suite, Apt., etc.

Suite, Apt., etc.

2205

City & State

MIAMI - FL

City & State

MIAMI, FLORIDA

4. FEI Number

65-1060762

Applied For

Not Applicable

Zip

33134

Country

USA

Zip

33180

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CESAR, OSVALDO D
19195 NE 36 COURT SUITE 2205
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name

Cesar Osvaldo

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

19195 Mystic Pointe Dr. #2205

City

MIAMI

FL

Zip Code

33180

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

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 CESAR, OSVALDO D
STREET ADDRESS 19195 NE 36 COURT SUITE 2205
CITY-ST-ZIP AVENTURA FL 33180

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE D
NAME CESAR, VIVIANA
STREET ADDRESS 2240 N. Cypress Bend Dr #608
CITY-ST-ZIP FT. LAUDERDALE FL 33069

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01-19-01

305-6495055

Daytime Phone #

305-408-6463

CR2E034 (10/00)