

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000065434

1. Entity Name

VIDEOPRINT U.S.A. CORP.

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90161 001 ***150.00

Principal Place of Business

Mailing Address

19370 COLLINS AVENUE
BLDG. C. UNIT 1522
SUNNY ISLES BEACH FL 33160

19370 COLLINS AVENUE
BLDG. C. UNIT 1522
SUNNY ISLES BEACH FL 33160

733150



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KOVACS, LASZLO
29127 RIVERGATE RUN
WESLEY CHAPEL FL 33543

Name

ANDRAS TOTTH

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

19370 COLLINS AVENUE

UNIT 1522

City

SUNNY ISLES

FL

Zip Code

33160

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

Handwritten signature

ANDRAS TOTTH

3-08-01

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 ☐ Delete
NAME D
STREET ADDRESS SASNE, IREN HARAZIN
CITY-ST-ZIP ENDRODI SANDORUT 54A
1026 BUDAPEST HUNGARY

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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

ANDRAS TOTTH

MAR 08, 2001

Date

Daytime Phone #

(305) 932-9256

0199241