

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2001 8:00 am**  
**Secretary of State**

05-29-2001 90014 007 \*\*\*550.00

**DOCUMENT # P00000071597**

1. Entity Name:  
**DIRECTVIEW MEDIA, INC.**

Principal Place of Business  
**8181 NORTHWEST 36TH STREET  
 SUITE 14C  
 MIAMI FL 33166**

Mailing Address  
**8181 NORTHWEST 36TH STREET  
 SUITE 14C  
 MIAMI FL 33166**

**771895**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2834 NW 79 AVE**  
 Suite, Apt. #, etc.

3. Mailing Address  
**2834 NW 79 AVE**  
 Suite, Apt. #, etc.

City & State  
**MIAMI FL**  
 Zip  
**33122**  
 Country  
**USA**

City & State  
**MIAMI FL**  
 Zip  
**33122**  
 Country  
**USA**

4. FEI Number  
**65-1028827**  
 Applied For  
 Not Applicable

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

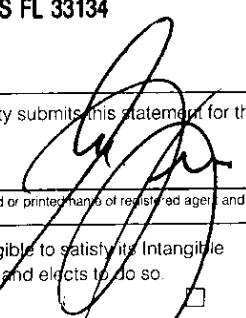
**6. Name and Address of Current Registered Agent**

**SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134**

**7. Name and Address of New Registered Agent**

Name  
**MARIO DIEZ**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2834 NW 79 AVE**  
 City  
**MIAMI FL** Zip Code  
**33122**

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  **03-01-01**  
 Signature, typed or printed name of registered agent, and title if applicable. (NOT Registered Agent's 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**

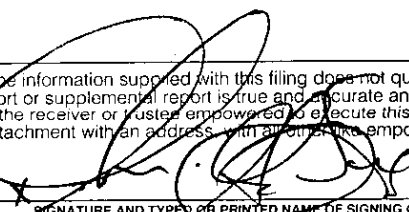
**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PUENTES, JOSE J 8181 NORTHWEST 36TH STREET SUITE 14C MIAMI FL 33166 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD PUENTES, CARLOS L 8181 NORTHWEST 36TH STREET SUITE 14C MIAMI FL 33166 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CRISTINA DIEZ 2834 NW 79 AVE MIAMI, FL 33122 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER/SECRETARY MARIO DIEZ 2834 NW 79 AVE MIAMI, FL 33122 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 of the corporation or the receiver or trustee empowered to execute this report is 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 authority empowered.

SIGNATURE:  **03-01-01**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)