

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90017 034 ***150.00

DOCUMENT # P00000080920

1. Entity Name
NVISION MULTIMEDIA, INC.

Principal Place of Business

213 NW 34 TERRACE
MIAMI FL 33127

Mailing Address

213 NW 34 TERRACE
MIAMI FL 33127

2. Principal Place of Business

145 MADEIRA AVE.
Suite, Apt. #, etc.
204

3. Mailing Address

145 MADEIRA AVE
Suite, Apt. #, etc.
204

City & State

CORAL GABLES, FL

City & State

CORAL GABLES FL

Zip

33134

Country

USA

Zip

33134

Country

USA

4. FEI Number

65-1035727

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

IGLESIAS, ORESTES
213 NW 34 TERRACE
MIAMI FL 33127

7. Name and Address of New Registered Agent

Name

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

6841 145 MADEIRA AVE # 204

City

CORAL GABLES

FL

Zip Code

33134

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]*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-31-2002

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, 2002 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** ☐ Delete
NAME **IGLESIAS, ORESTES**
STREET ADDRESS **213 NW 34 TERRACE**
CITY-ST-ZIP **MIAMI FL 33127**

TITLE **D** ☐ Delete
NAME **ANDINA, WILLIAM**
STREET ADDRESS **2929 NW 22 CT**
CITY-ST-ZIP **MIAMI FL 33142**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Treasurer/Secretary/D** ☒ Change ☐ Addition
NAME **Orestes Iglesias**
STREET ADDRESS **6841 Pershing St**
CITY-ST-ZIP **Hollywood, FL 33024**

TITLE **PRESIDENT/D** ☒ Change ☐ Addition
NAME **ANDINA, WILLIAM**
STREET ADDRESS **7815 CAMINO REAL APT I 203**
CITY-ST-ZIP **MIAMI, FL 33143**

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-02

305-984-7577

Date

Daytime Phone #

CR2E034 (9/01)