

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90131 008 ***150.00

DOCUMENT # P00000089932

1. Entity Name
AV DESIGN.TV, INC.

Principal Place of Business

10295 COLLINS AVE
STE 1103
BAL HARBOUR FL 33154

Mailing Address

10295 COLLINS AVE
STE 1103
BAL HARBOUR FL 33154

2. Principal Place of Business

3633 E. SANDPIPER DR
Suite, Apt. #, etc. #5

3. Mailing Address

3633 E. SANDPIPER DR
Suite, Apt. #, etc. #5

City & State

BOYNTON BCH, FL

City & State

BOYNTON BCH, FL

4. FEI Number

65-1050562

Applied For

Not Applicable

Zip

33436

Country

USA

Zip

33436

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, MILAGROS
27553 S. DIXIE HWY
HOMESTEAD FL 33032

7. Name and Address of New Registered Agent

Name

TAX HOUSE CORP.

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

3929 N. FEDERAL HWY

City

Pompano BCH

FL

Zip Code

33064

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

President.

02/28/2002

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	<input type="checkbox"/> Delete
NAME	OLIVEIRA, NELSON N	
STREET ADDRESS	10295 COLLINS AVE STE 1103	
CITY-ST-ZIP	BAL HARBOUR FL 33154	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVEIRA, NELSON N.	
STREET ADDRESS	3633 E. SANDPIPER DR #5	
CITY-ST-ZIP	BOYNTON BCH, FL 33436	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

02/28/2002

Date

Daytime Phone #

(305) 494-3293

CR2E034 (9/01)