

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 27, 2001 08:00 AM
Secretary of State

DOCUMENT # P00000102767

1. Entity Name
CFM VIDEO EQUIPMENT RENTALS, INC.

Principal Place of Business
601 BRICKELL KEY DRIVE
SUITE 705
MIAMI FL 33131

Mailing Address
601 BRICKELL KEY DRIVE
SUITE 705
MIAMI FL 33131

2. Principal Place of Business
2000 S DIXIE HIGHWAY

3. Mailing Address
2000 S DIXIE HIGHWAY

Suite, Apt. #, etc.
SUITE 112

Suite, Apt. #, etc.
SUITE 112

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33133

Zip
33133

4. FEI Number
65-1069001

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DE LA PENA & BAJANDAS, LLP
601 BRICKELL KEY DRIVE
SUITE 705
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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)

04/27/2001

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	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DIR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	CHRISTY WYLER	6060 SW 133RD STREET	MIAMI FL 33156	D		

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: CHRISTY WYLER

D

04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)