

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90388 041 ***150.00

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DOCUMENT # P00000111804

1. Entity Name
TV'S FOR DUMIES, INC.

Principal Place of Business
3900 NW 79TH AVE SUITE 326
MIAMI FL 33166

Mailing Address
3900 NW 79TH AVE SUITE 326
MIAMI FL 33166

2. Principal Place of Business
1891 SW 81~~57~~ AVE
Suite, Apt. #, etc.
104

3. Mailing Address
1891 SW 81~~57~~ AVE
Suite, Apt. #, etc.
104

City & State
North Lauderdale FL.
Zip
33068
Country

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North Lauderdale FL.
Zip
33068
Country

4. FEI Number
65-1059462
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CERRO, RAQUEL
3900 NW 79TH AVE SUITE 326
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name
EDGAR ALVARADO
Street Address (P.O. Box Number is Not Acceptable)
1891 SW 8157 AVE
City
North Lauderdale FL Zip Code
33068

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)

DATE
3/27/1

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	D	<input type="checkbox"/> Delete
NAME	ALVARADO, EDGAR	
STREET ADDRESS	1891 SW 81 57 AVE #104	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	
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		<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

3/27/1

Date

(954) 275-2541

Daytime Phone #

CR2E034 (10/00)