

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000021274

1. Entity Name  
AUDIO VISUAL SYSTEMS, INC.

**FILED**  
**Sep 12, 2002 8:00 am**  
**Secretary of State**

09-12-2002 90060 049 \*\*\*150.00

Principal Place of Business  
3675 ESTEPOA AVENUE  
MIAMI FL 33178

Mailing Address  
3675 ESTEPOA AVENUE  
MIAMI FL 33178



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1086108

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ACEVEDO, EDWIN D  
3675 ESTEPOA AVENUE  
MIAMI FL 33178

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent 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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
ACEVEDO, EDWIN D  
3675 ESTEPOA AVENUE  
MIAMI FL 33178 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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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

Date

Daytime Phone #

CR2E034 (4/02)

*Attachment*  
**J.R. FERREIRO, JR., P.A.**

*978702*  
Certified Public Accountant  
6555 N.W. 36th Street, Suite 222  
Miami, Florida 33166  
Telephone: (305) 870-9333  
Fax: (305) 870-9355

August 31, 2002

Florida Secretary of State  
Uniform Business Report  
409 East Gaines Street  
Tallahassee, Florida 32399

Re: Audio Visual Systems, Inc. Document # P01000021274

Dear Sirs:

Enclosed 2002 Uniform Business Report for Audio Visual Systems, Inc., and check # 1097 for \$150.00 from the above mentioned corporation. Mr. Acevedo, says he never received the form on time. Please, if possible waive the penalties this time.

If you have any questions please do not hesitate to contact this office.

Thank you,



Isabel V. Ferreiro