

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000074642

1. Entity Name

DISTRIBUIDORA VIDEO CENTRO INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8380 NW 68 ST

Suite, Apt. #, etc.

3. Mailing Address

8380 NW 68 ST.

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33166

Country

USA

City & State

Miami FL

Zip

33166

Country

USA

4. FEI Number

65-1127864

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

DOMENICO RAMBALDO

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

10795 NW 70 ST.

City

Miami

FL

Zip Code

33178

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

4/30/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, S, D DOMENICO RAMBALDO 10795 NW 70 ST. Miami, FL 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

DOMENICO RAMBALDO

4/30/02 (305)4775336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)