

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90944 019 ***163.75

DOCUMENT # P01000098983

1. Entity Name
VIRTUAL AUDIO & VIDEO, INC.



Principal Place of Business
**275 FONTAINEBLEAU BLVD.. SUITE 190
MIAMI FL 33172**

Mailing Address
**275 FONTAINEBLEAU BLVD.. SUITE 190
MIAMI FL 33172**



2. Principal Place of Business
3475 N. COUNTRY CLUB DR

3. Mailing Address
3475 N. COUNTRY CLUB DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

817

817

City & State

City & State

AVENTURA - FL

AVENTURA - FL

Zip

Zip

Country

Country

33180

33180

USA

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1145121**

Applied For
Not Applicable

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

**KALKAS, MARTTI
245 SE 1ST STREET, SUITE 311
MIAMI FL 33131**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☒ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	LOBATO FERRAZ, GRAZIELLA	
STREET ADDRESS	3475 N. COUNTRY CLUB DR. APT. 817	
CITY-ST-ZIP	AVENTURA FL 33180	
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		

TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANIEL FERRAZ	
STREET ADDRESS	3475 N. COUNTRY CLUB DR APT 817	
CITY-ST-ZIP	AVENTURA-FL 33180	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **DANIEL FERRAZ**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-01-2003 (305) 479-4468
Date Daytime Phone #

CR2E034 (10/02)