

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

0142460 AV

DOCUMENT # P01000101367

1. Entity Name
SVS DIGITAL INC

04-01-2002 90619 047 ***150.00

Principal Place of Business
14437 NW 83 PATH
MIAMI LAKES FL 33016

Mailing Address
14437 NW 83 PATH
MIAMI LAKES FL 33016



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
14020 NW 18th ST.
Suite, Apt. #, etc.

3. Mailing Address
14020 NW 18th ST.
Suite, Apt. #, etc.

City & State
PEMBROKE PINES, FL

City & State
PEMBROKE PINES, FL

4. FEI Number
65-1158516

Applied For
Not Applicable

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

Zip
33028-2809

Country
BROWARD

Zip
33028-2809

Country
BROWARD

6. Name and Address of Current Registered Agent

FINALDI, WALTER
14437 NW 83 PATH
MIAMI LAKES FL 33016

7. Name and Address of New Registered Agent

Name
FINALDI WALTER

Street Address (P.O. Box Number is Not Acceptable)
14020 NW 18th ST

City
PEMBROKE PINES

FL **Zip Code**
33028-2809

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]* **03/23/2002**
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 \$150.00
After May 1, 2002 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINALDI, WALTER		NAME		
STREET ADDRESS	14020 NW 18th ST.		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33028-2809		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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]* **WALTER FINALDI** **03/23/2002** **954-450-4876**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)