

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

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90738 038 ***150.00

DOCUMENT # P02000056167

1. Entry Name

VELVID, INC.



00146010

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 100 Kings Point Dr. Suite, Apt. #, etc. #1606 City & State Sunny Isles, FL Zip 33160		3. Mailing Address 100 Kings Point Dr. Suite, Apt. #, etc. #1606 City & State Sunny Isles, FL Zip 33160 Country Dade	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 38-3667782	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Juan C. Ramirez	
Street Address (P.O. Box Number is Not Acceptable) 100 Kings Point Dr. #1606	
City Sunny Isles	FL Zip Code 33160

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

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Juan C. Ramirez - President 100 Kings Point Dr. #1606 Sunny Isles, FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Juan C. Ramirez - Secretary 100 Kings Point Dr. #1606 Sunny Isles, FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Juan C. Ramirez - Treasurer 100 Kings Point Dr. #1606 Sunny Isles, FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-03 786-554-7732

CR27E034R (12/02)