

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90159 015 \*\*\*150.00

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**DOCUMENT # P02000069262**

1. Entity Name  
**IN VIDEO, INC.**



Principal Place of Business  
**20566 SW 2ND ST  
PEMBROKE PINES FL 33029**

Mailing Address  
**20566 SW 2ND ST  
PEMBROKE PINES FL 33029**

2. Principal Place of Business  
**20566 SW 2nd St.**  
Suite, Apt. #, etc.

3. Mailing Address  
**PO Box 297613**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
**Pembroke Pines, FL**  
Zip  
**33029** Country  
**USA**

City & State  
**Pembroke Pines, FL**  
Zip  
**33029** Country  
**USA**

4. FEI Number  
**75-3103160**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MEDVIN, ANDREW R  
6330 SW 41ST CT  
DAVIE FL 33333-14**

**7. Name and Address of New Registered Agent**

Name **Jacques Urreitia**

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

**20566 SW 2nd St**

City **Pembroke Pines**

FL

Zip Code  
**33029**

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

(NOTE: Registered agent signature required when reinstating)

**03/20/03**  
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**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President  
Francisco Urreiztieta  
20566 SW 2nd St.  
Pembroke Pines, FL 33029** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director  
Floris Urreiztieta  
20566 SW 2nd St.  
Pembroke Pines, FL 33029** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Secretary  
David Urreitia  
20566 SW 2nd St.  
Pembroke Pines, FL 33029** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Treasurer  
Jacques Urreitia  
20566 SW 2nd St.  
Pembroke Pines, FL 33029** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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CITY-ST-ZIP  
☐ Change ☐ Addition

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: **Jacques Urreitia**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/20/03 (354) 4479306**  
Date Daytime Phone #

CR2E034 (10/02)