

PROFIT  
CORPORATION  
ANNUAL REPORT  
2000 (Amended)



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
CORPORATIONS

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DOCUMENT # P93000015487

1. Corporation Name

Hialeah Video Enterprises, Inc.

Principal Place of Business

Mailing Address

1257-B W. 68 Street  
Hialeah, Florida 33014

16749 N.W. 67 Ave.  
Hialeah, Florida 33015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/02/93

4. FEI Number

65-0391213

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 26 1257-B W. 68 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State  
28 Hialeah, Florida

23 Zip Country

29 33015 30 US

9. Name and Address of Current Registered Agent

Freedland, Michael  
16749 N.W. 67 Ave.  
Hialeah, Florida

10. Name and Address of New Registered Agent

81 Name Portaluppi, Alfredo  
82 Street Address (P.O. Box Number is Not Acceptable)  
7431 S.W. 62 Street  
83  
84 City Miami FL 85 Zip Code 33143

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Freedland, Michael	
STREET ADDRESS	16749 N.W. 67 Ave.	
CITY-ST-ZIP	Hialeah, Florida	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input type="checkbox"/> Change <input type="checkbox"/> Add
1.2 NAME	Gonzalez, Raul B.	
1.3 STREET ADDRESS	11240 Sheridian Street	
1.4 CITY-ST-ZIP	Pembroke Lakes, Florida 33026	
2.1 TITLE	S/T/D	<input type="checkbox"/> Change <input type="checkbox"/> Add
2.2 NAME	Portaluppi, Alfredo	
2.3 STREET ADDRESS	7431 S.W. 62 Street	
2.4 CITY-ST-ZIP	Miami, Florida 33143	<input type="checkbox"/> Change <input type="checkbox"/> Add
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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AD

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Raul B Gonzalez, President. 11/03/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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