

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

ABSOLUTE VIDEO, Inc.

P93000029077

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90050 029 ***150.00

Principal Place of Business

10121 S.W. 145th Place
Miami, Fla. 33186

Mailing Address

10121 S.W. 145th Pl
Miami, Fla. 33186

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEE Number
65-0403150

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Luz A. Ramirez
100 N. Biscayne Blv
Suite#2607
Miami, Fla. 33132

7. Name and Address of New Registered Agent

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.

SIGNATURE

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, 2000 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

TITLE **President** ☐ Delete
NAME **Luis M. Gomez**
STREET ADDRESS **10121 S.W. 145th Pl Miami, Fla 33186**
CITY-ST-ZIP

TITLE **Vice President** ☐ Delete
NAME **Beatriz H. Gomez**
STREET ADDRESS **10121 S.W. 145th Pl Miami, Fla. 33186**
CITY-ST-ZIP

TITLE **Luis M. Gomez** ☐ Delete
NAME **Treasurer**
STREET ADDRESS **10121 S.W. 145th Pl**
CITY-ST-ZIP **Miami, Fla. 33186**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Luis M. Gomez Luis M. Gomez 4-18-00 (305) 380-6139

CR2E034 (9/99)