

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000019560

1. Entity Name

SOUTHERN AUDIO VISUAL, INC.

Principal Place of Business

Mailing Address

1550 NW 79TH AVE
MIAMI FL 33126
US

P O BOX 527805
MIAMI FL 33152-7805
US

2. Principal Place of Business

11700 NW 102 ROAD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

33178

Country

Zip

Country

6. Name and Address of Current Registered Agent

BRODIE, STEVEN
COHEN, BERKE, BERNSTEIN
2601 S BAYSHORE DRIVE
MIAMI FL 33133

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 DPST
NAME LOWENTHAL, PAUL
STREET ADDRESS 1550 NW 79TH AVE
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE V
NAME BRODIE, DAVID
STREET ADDRESS 1550 NW 79TH AVE.
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 11700 NW 102 ROAD, SUITE 15
CITY-ST-ZIP MIAMI, FL 33178 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 11700 NW 102 ROAD, SUITE 15
CITY-ST-ZIP MIAMI, FL 33178 ☒ Change ☐ Addition

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90127 020 ***158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0474211

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent