

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 094-85255

**Amendment**

Entity Name  
Digital Video Systems, Inc.

FILED

01 NOV -5 PM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3700 N.W. 114th Ave.  
Miami, FL 33178

Mailing Address  
3700 N.W. 114th Ave.  
Miami, FL 33178

Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number  
59-1578363

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  
Tyson, Barbara  
3700 N.W. 114th Ave.  
Miami, FL 33178

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when remaining) 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, 2001 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 |                      |                                 |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                      |                                 |                                              |
|----------------------------|----------------------|---------------------------------|--|-------------------------------------------------------|----------------------|---------------------------------|----------------------------------------------|
| TITLE                      | STD                  | <input type="checkbox"/> Delete |  | TITLE                                                 | VP                   | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME                       | Tyson, Barbara       |                                 |  | NAME                                                  | Rafael Pineda        |                                 |                                              |
| STREET ADDRESS             | 3700 N.W. 114th Ave. |                                 |  | STREET ADDRESS                                        | 3700 N.W. 114th Ave. |                                 |                                              |
| CITY-ST-ZIP                | Miami, FL 33178      |                                 |  | CITY-ST-ZIP                                           | Miami, FL 33178      |                                 |                                              |
| TITLE                      | PD                   | <input type="checkbox"/> Delete |  | TITLE                                                 |                      | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| NAME                       | Tyson, Jerroll-R     |                                 |  | NAME                                                  |                      |                                 |                                              |
| STREET ADDRESS             | 3700 N.W. 114th Ave. |                                 |  | STREET ADDRESS                                        |                      |                                 |                                              |
| CITY-ST-ZIP                | Miami, FL 33178      |                                 |  | CITY-ST-ZIP                                           |                      |                                 |                                              |
| TITLE                      | VP                   | <input type="checkbox"/> Delete |  | TITLE                                                 |                      | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| NAME                       | Necuze, Jorge        |                                 |  | NAME                                                  |                      |                                 |                                              |
| STREET ADDRESS             | 3700 N.W. 114th Ave. |                                 |  | STREET ADDRESS                                        |                      |                                 |                                              |
| CITY-ST-ZIP                | Miami, FL 33178      |                                 |  | CITY-ST-ZIP                                           |                      |                                 |                                              |
| TITLE                      | VP                   | <input type="checkbox"/> Delete |  | TITLE                                                 |                      | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| NAME                       | Gongora, Antonio     |                                 |  | NAME                                                  |                      |                                 |                                              |
| STREET ADDRESS             | 3700 N.W. 114th Ave. |                                 |  | STREET ADDRESS                                        |                      |                                 |                                              |
| CITY-ST-ZIP                | Miami, FL 33178      |                                 |  | CITY-ST-ZIP                                           |                      |                                 |                                              |
| TITLE                      |                      | <input type="checkbox"/> Delete |  | TITLE                                                 |                      | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| NAME                       |                      |                                 |  | NAME                                                  |                      |                                 |                                              |
| STREET ADDRESS             |                      |                                 |  | STREET ADDRESS                                        |                      |                                 |                                              |
| CITY-ST-ZIP                |                      |                                 |  | CITY-ST-ZIP                                           |                      |                                 |                                              |
| TITLE                      |                      | <input type="checkbox"/> Delete |  | TITLE                                                 |                      | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| NAME                       |                      |                                 |  | NAME                                                  |                      |                                 |                                              |
| STREET ADDRESS             |                      |                                 |  | STREET ADDRESS                                        |                      |                                 |                                              |
| CITY-ST-ZIP                |                      |                                 |  | CITY-ST-ZIP                                           |                      |                                 |                                              |

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 the empowered.

SIGNATURE: Barbara Tyson *Barbara Tyson* 10/30/01 786 331-2555

CR2E034 (11/00)