

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000011343

1. Entity Name

M & R VISUAL, INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90006 008 ***150.00

Principal Place of Business

Mailing Address

2042 HARRISON ST
HOLLYWOOD FL 33019
US

2042 HARRISON ST
HOLLYWOOD FL 33020-5020

2. Principal Place of Business

2000 HARRISON ST. #4

3. Mailing Address

2000 HARRISON ST. #4

Suite, Apt. #, etc.

4

Suite, Apt. #, etc.

4

City & State

HOLLYWOOD FL

City & State

HOLLYWOOD FL

4. FEI Number

65-0564279

Applied For

Not Applicable

Zip

33020-5016

Country

USA

Zip

33020-5016

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EPISCOPO, RONALD A
1014 JEFFERSON ST
HOLLYWOOD FL 33019

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME EPISCOPO, RON
STREET ADDRESS 1014 JEFFERSON ST
CITY-ST-ZIP HOLLYWOOD FL 33019

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

TITLE D ☐ Delete
NAME GARCIA, MICHAEL
STREET ADDRESS 1014 JEFFERSON ST
CITY-ST-ZIP HOLLYWOOD FL 33019

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 like empowered.

SIGNATURE: X Michael Garcia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MICHAEL GARCIA

X 3/1/00

X 954-920-8002

CR2E034 (9/99)