

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90503 020 ***150.00

DOCUMENT # P95000016077

1. Entity Name

VIDEO FACILITIES MIAMI (VFM) INC.

Principal Place of Business

Mailing Address

**7395 W 19TH CT
HIALEAH FL 33014
US****7395 W 19TH CT
HIALEAH FL 33014
US**

2. Principal Place of Business

10005 NW 19 ST.

3. Mailing Address

10005 NW 19 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33172

Country

USA

Zip

33172

Country

USA

4. FEI Number

65-0565589

Applied For

Not Applicable

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

**NOBO, ARISTIDES
7395 W 19TH CT
HIALEAH FL 33014**

Name

NOBO, ARISTIDES

Street Address (P.O. Box Number is Not Acceptable)

10005 NW 19 ST.

City

MIAMI**FL**

Zip Code

33172

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	NOBO, ARISTIDES	7801 SW 72ND AVE	MIAMI FL 33143	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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DS	BORBOLLA, ANTONIO	2730 W 73RD PL	HIALEAH FL 33016	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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D	PREWITT, JOSEPH	6233 W GATE DR, 612	ORLANDO FL 32825	<input checked="" type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/7/01 303 468 9191

CR2E034 (10/00)