

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90049 021 ***150.00

DOCUMENT # P95000033667

1. Entity Name

66TH STREET VIDEO INCORPORATED

Principal Place of Business

Mailing Address

**13801 66TH STREET
ST. PETERSBURG FL 34641**

**13801 66TH STREET
ST. PETERSBURG FL 34641**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3322699

Applied For

Not Applicable

LARGO, FL

LARGO, FL

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

33771

33771

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LIROT, LUKE ESO.
2000 MAGNOLIA DR.
CLEARWATER FL 34624**

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 **P** ☐ Delete
NAME **ROSENHECK, SHERRY**
STREET ADDRESS **13801 66TH STREET**
CITY-ST-ZIP **ST. PETERSBURG FL 34641**

TITLE **T** ☐ Delete
NAME **ROSENHECK, SHERRY**
STREET ADDRESS **13801 66TH STREET**
CITY-ST-ZIP **ST. PETERSBURG FL 34641**

TITLE **S** ☐ Delete
NAME **ROSENHECK, SHERRY**
STREET ADDRESS **13801 66TH STREET**
CITY-ST-ZIP **ST. PETERSBURG FL 34641**

TITLE **S** ☐ Delete
NAME **COLLA, DOROTHY L**
STREET ADDRESS **4605 SOUTH LUIS AVE**
CITY-ST-ZIP **TAMPA FL 33611**

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 **241 6TH AVE APT-9F**
CITY-ST-ZIP **NEW YORK NY 10014**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **241 6TH AVE APT-9F**
CITY-ST-ZIP **NEW YOR NY 10014**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **241 6TH AVE APT-9F**
CITY-ST-ZIP **NEW YORK NY 10014**

TITLE ☒ Change ☐ Addition
NAME **COLLA, DOROTHY F**
STREET ADDRESS **3120 NORTH A ST.**
CITY-ST-ZIP **TAMPA FL 33609**

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

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:

Dorothy F. Colla
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-17-2000

Daytime Phone #

(627) 539-7979