

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000040743

1. Entity Name
NEOVISION, INC.

FILED
Sep 01, 2000 8:00 am
Secretary of State

09-01-2000 90056 036 ***550.00

Principal Place of Business

~~2801 N.E. 183RD STREET~~ 20885 NE 30 PL
2010 AVENTURA
AVENTURA FL 33160 FL 33180

Mailing Address

~~2801 N.E. 183RD STREET~~ 20885 NE 30 PL
2010 AVENTURA
AVENTURA FL 33160 FL 33180

2. Principal Place of Business

20885 NE 30 PL
Suite, Apt. #, etc.

3. Mailing Address

20885 NE 30 PL.
Suite, Apt. #, etc.

City & State

AVENTURA, FL

City & State

AVENTURA, FL

4. FEI Number

65-0586163

Applied For

Not Applicable

Zip 33180

Country US

Zip 33180

Country US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KARIM, MALIK
2801 N.E. 183RD STREET
2010 AVENTURA FL 33160
20885 NE 30 PL
AVENTURA, FL 33180

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

Malik Karim MALIK KARIM

8/29/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	KARIM, MALIK	
STREET ADDRESS	2801 N.E. 183RD STREET, # 2010	20885 NE 30 PL
CITY-ST-ZIP	AVENTURA FL 33160	Aventura, FL 33180
TITLE	D	<input type="checkbox"/> Delete
NAME	KARIM, SALIMAH	
STREET ADDRESS	2801 N.E. 183RD STREET, # 2010	20885 NE 30 PL
CITY-ST-ZIP	AVENTURA FL 33160	Aventura, FL 33180
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Malik Karim MALIK KARIM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/29/00

Daytime Phone #

(305) 682-9902

CR2E034 (5/00)