

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000079016

1. Entity Name

WHOLESALE VIDEO SURVEILLANCE, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90174 032 ***150.00

Principal Place of Business

Mailing Address

2115 10TH AVE NORTH
 LAKE WORTH FL 33461

~~P.O. BOX 1177~~
~~BOYNTON BEACH FL 33481-0345~~

2. Principal Place of Business

3. Mailing Address

2115 10th Avenue North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lake Worth, FL

4. FEI Number

65-0658861

Applied For

Not Applicable

Zip

Country

Zip

Country

33461

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

BERKOFF, JEFFREY
 2115 10TH AVE NORTH
 LAKE WORTH FL 33461

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 ☐ Delete
 NAME PD
 STREET ADDRESS BERKOFF, JEFFREY
 CITY-ST-ZIP 2115 10TH AVE NORTH
 LAKE WORTH FL 33461

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jeff Berkoff

4/20/00

(561) 588-1103

CR2E034 (9/99)