

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P950 000 89 653

1. Entity Name

MORAN AUDIO VIDEO SOLUTIONS, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90019 032 ***150.00

Principal Place of Business

Mailing Address

1820 ESPANOLA DRIVE
COCONUT GROVE, FL
33133

1820 ESPANOLA DRIVE
COCONUT GROVE, FL
33133

2. Principal Place of Business

1820 ESPANOLA DRIVE
Suite, Apt. #, etc.

3. Mailing Address

1820 ESPANOLA DRIVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

COCONUT GROVE, FL

City & State

COCONUT, GROVE, FL

4. FEI Number

65-0621256

Applied For

Not Applicable

Zip 33133

Country DADE

Zip 33133

Country DADE

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

MORAN, CARLOS M.
1820 ESPANOLA DRIVE
COCONUT GROVE, FL 33133

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

Carlos M. Moran / PRESIDENT

3/22/2000

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
STREET ADDRESS
CITY-ST-ZIP
PRES
MORAN, CARLOS M
1820 ESPANOLA DRIVE
COCONUT GROVE, FL 33133

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MORAN, CARLOS M.
1820 ESPANOLA DRIVE
COCONUT GROVE, FL 33133

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/2000 305 285 1211

Date

Daytime Phone #

CR2E034 (9/99)