## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 03, 2002 8:00 am Secretary of State

05-03-2002 90039 030 \*\*\*150.00

## P95000096684 **DOCUMENT #**

1. Entity Name

VIDEOVIEW PRODUCTIONS, INC.

Principal Place of Business

2960 SW 8 ST 2 FL

MIAMI FL 33135

Mailing Address

PO BOX 630246 MIAMI FL 33163



2. Principal Place of Business TREET 1938 NE 149 Th STREET 1938 NE 149 Th STREET				-		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
Nº MiAmi, FL		NºMAMI, FL		4. FEI Number 65-0630419 Applied For Not Applied be		
3318			Country	5. Certificate of Status Desired	\$8.75 Additional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
DE MELLO, DAYSE B 2960 SW 8 ST 2 FL MIAMI FL 33135			Street Address	Street Address (P.O. Box Number is Not Accentable)		
8. The above	named entity submits this statement for	he purpose of changing its rec	City N - M	AMC	FL Zin Corle	
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  FILE NOW!!! FEE IS \$150.00						
Tax filing [equirement and elects to do so. (See critera on back)  After May 1, 2002  Make Check Payable to			Fee will be \$550.00	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11.	OFFICERS AND D	RECTORS	12.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DE MELLO, DAYSE B. 17021 N. BAY ROAD, 709 NORTH MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GM BOTINHA, SERGIO 17021 N BAY RD #709 N MIAMI BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , ,	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition	

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 of the tustee 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