

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90074 026 \*\*\*150.00

**DOCUMENT # P95000096684**

1. Entity Name  
**VIDEOVIEW PRODUCTIONS, INC.**



Principal Place of Business  
**1938 NE 149TH STREET  
MIAMI FL 33181  
US**

Mailing Address  
**1938 NE 149TH STREET  
MIAMI FL 33181  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0630419**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DE MELLO, DAYSE B  
1938 NE 149TH STREET  
MIAMI FL 33181**

Name **SERGIO BOTINHA**  
Street Address (P.O. Box Number is Not Acceptable) **1938 NE 149TH ST**  
City **MIAMI** FL Zip Code **33181**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**03/31/2003**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete  
NAME **DE MELLO, DAYSE B.**  
STREET ADDRESS **17021 N. BAY ROAD, 709**  
CITY-ST-ZIP **NORTH MIAMI FL**

TITLE **PD** ☒ Change ☐ Addition  
NAME **SERGIO BOTINHA**  
STREET ADDRESS **17021 N. BAY Rd, 709**  
CITY-ST-ZIP **SUNNY ISLES, FL 33160**

TITLE **GM** ☒ Delete  
NAME **BOTINHA, SERGIO**  
STREET ADDRESS **17021 N BAY RD #709**  
CITY-ST-ZIP **N MIAMI BEACH FL**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED PD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/31/2003 3059494200**

Date Daytime Phone #

CR2E034 (10/02)