

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000016683

1. Entity Name

JENNY VIDEO & BEEPER, INC.

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90082 006 \*\*\*150.00

Principal Place of Business

Mailing Address

5985 WEST 25TH COURT  
 105  
 HIALEAH FL 33016  
 US

5985 WEST 25TH COURT  
 105  
 HIALEAH FL 33016-4462  
 US

2. Principal Place of Business

3. Mailing Address

4042 W 12 Ave

4042 W 12 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah

City & State

Hialeah

4. FEI Number

65-0647969

Applied For

Not Applicable

Zip 33012

Country

Zip 33012

Country

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

VIGOA, HILDA M  
 5895 WEST 25TH COURT  
 #105  
 HIALEAH FL 33016

Name Hilda M.Vigoa

Street Address (P.O. Box Number is Not Acceptable)  
 4042 W 12 Ave

City Hialeah

FL Zip Code 33012

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 PSTD  
 NAME VIGOA, HILDA M  
 STREET ADDRESS 5895 WEST 25TH COURT #105  
 CITY-ST-ZIP HIALEAH FL ☐ Delete

TITLE PSTD ☒ Change ☐ Addition  
 NAME Hilda M.Vigoa  
 STREET ADDRESS 4042 W 12 Ave  
 CITY-ST-ZIP Hialeah, FL 33012

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
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TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ 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 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 #

04/25/00

(305) 828 2200