

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000076582

1. Entity Name

VTM PROFESSIONAL VIDEO CORPORATION

FILED

Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90014 020 ***150.00

Principal Place of Business

8045 N.W. 36TH STREET
SUITE 500
MIAMI FL 33166
US

Mailing Address

8045 N.W. 36TH STREET
SUITE 500
MIAMI FL 33166-6687
US

2. Principal Place of Business

8625 SW 152ND AV

Suite, Apt. #, etc.

239

City & State

MIAMI FL

Zip

33193

Country

USA

3. Mailing Address

8625 SW 152ND AV

Suite, Apt. #, etc.

239

City & State

MIAMI FL

Zip

33193

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0695829

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AUGUSTO-VACANTI, LUIZ JR.
8625 S.W. 152ND AVE., #239
MIAMI FL 33193

7. Name and Address of New Registered Agent

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

TITLE	P	<input type="checkbox"/> Delete
NAME	VACANTI, LUIZ A JR.	
STREET ADDRESS	8625 S.W. 152ND AVE., #239	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	TAMETTI, SERGIO	
STREET ADDRESS	8625 S.W. 152ND AVE., #239	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MAIA, WEBER	
STREET ADDRESS	8625 S.W. 152ND AVE., #239	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

4-5-00 (305) 383-0817