2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address,

SIGNATURE:

FILED May 15, 2001 8:00 am Secretary of State DOCUMENT # **P96000079474** 05-15-2001 90160 022 ***150.00 'C' VIDEO, INC. Mailing Address Principal Place of Business 1205 HYPOLUXO ROAD 1203 HYPOLUXO ROAD UUU51729 LANTANA FL 33462 LANTANA FL 33462 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0704812 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PATEL, NIRANJANKUMAR Street Address (P.O. Box Number is Not Acceptable) 1203 HYPOLUXO ROAD LANTANA FL 33462 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE Change ☐ Addition CR2E034 (10/00) Delete TITLE PATEL, NIRANJANKUMAR V NAME NAME 1203 HYPOLUXO ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LANTANA FL Change ☐ Addition TITLE TITLE ☐ Delete NAME SHARMISTA N, PATEL NAME STREET ADDRESS 1203 HYPOLUXO RD STREET ADDRESS CITY-ST-ZIP LANTANA FL 33462 CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-7IP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TIT1 F NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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 in the property of the composition of 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 in the property of the composition of the receiver of the property of the composition of the receiver of the property of the composition of the receiver of the property of the receiver of the property of t

NIRANJONKUM AR KATEL