

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90378 048 ***550.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000086402

1. Entity Name
VIDEO ROM, INC.

Principal Place of Business
887 VANDERBILT BEACH RD
NAPLES FL 34108
US

Mailing Address
9901 CLEAR LAKE CIR
NAPLES FL 34109
US

2. Principal Place of Business
5628 STRAND BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

B5

City & State

City & State

NAPLES, FL

Zip

Country

Zip

Country

34110

USA

4. FEI Number **65-0703404**

Applied For

Not Applicable

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

SANGHVI, KAUSHIK
9901 CLEAR LAKE CR
NAPLES FL 34109

Name **HINA SANGHVI**

Street Address (P.O. Box Number is Not Acceptable)

9901 Clear Lake Circle

City **Naples**

FL

Zip Code

34109

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 **Sanghvi (HINA SANGHVI)**
 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 ☐ Delete
 NAME **DS**
 STREET ADDRESS **SANGHVI, HINA**
 CITY-ST-ZIP **9901 CLEAR LAKE CIR**
NAPLES FL 34109

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

TITLE ☐ Delete
 NAME **DP**
 STREET ADDRESS **SANGHVI, KAUSHIK**
 CITY-ST-ZIP **9901 CLEAR LAKE CIR**
NAPLES FL 34109

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SANGHVI (HINA SANGHVI)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/02

Date

(239) 513-2245

Daytime Phone #

CR2E034 (4/02)