

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000007094

1. Entity Name

AS SEEN ON TV INTERNATIONAL GROUP, INC.

Principal Place of Business

3900 NW 79TH AVE  
STE 568  
MIAMI FL 33166

Mailing Address

3900 NW 79TH AVE  
STE 568  
MIAMI FL 33166

2. Principal Place of Business

3900 NW 79th Ave

Suite, Apt. #, etc.

Suite 466

City & State

Miami FL

Zip

33166

Country

USA

3. Mailing Address

3900 NW 79th Ave

Suite, Apt. #, etc.

Suite 466

City & State

Miami FL

Zip

33166

Country

USA

6. Name and Address of Current Registered Agent

CRUZALEGUI, CESAR R  
7837 N.W. 72ND AVE.  
SUITE #101  
MIAMI FL 33166

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, 2001 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

D  
IRANETA, DIEGO E  
7837 N.W. 72ND AVE.  
MIAMI FL 33166

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

D  
GORRONDONA IRANETA, SILVIA M  
7837 N.W. 72ND AVE.  
MIAMI FL 33166

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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: (X)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/01

Date

(305) 437-9697

Daytime Phone #

CR2E034 (10/00)

02/05/2001

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90015 029 \*\*\*150.00

646572



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0729690

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required