

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000081622

1. Entity Name

MICHAEL FREEDLAND VIDEO, INC.

FILED

00 SEP 25 AM 10: 55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

11980 S.W. 8TH ST
MIAMI FL 33184
US

16749 NW 67TH AVE
HIALEAH FL 33015-4201

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Miami FL

Zip

Country

Zip
33184

Country
US

4. FEI Number 65-0782277

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

FREEDLAND, MICHAEL
16749 NW 67TH AVE
HIALEAH FL 33015

Name Raul Gonzalez

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

11980 S.W. 8th St.

City Miami

FL

Zip Code 33184

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

Raul Gonzalez

President

9/14/00

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 PSD
NAME FREEDLAND, MICHAEL ☒ Delete
STREET ADDRESS 16749 NW 67TH AVE
CITY-ST-ZIP HIALEAH FL 33015

TITLE PD
NAME Raul Gonzalez ☐ Change ☒ Addition
STREET ADDRESS 11980 S.W. 8th St.
CITY-ST-ZIP Miami FL 33184

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST
NAME Alfredo Portaluppi ☐ Change ☒ Addition
STREET ADDRESS 11980 S.W. 8th St.
CITY-ST-ZIP Miami FL 33184

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Raul Gonzalez

9/14/00

305-228-1711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #