

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000032412

1. Entity Name

PIO VOX PRODUCTIONS, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90080 004 ***150.00

Principal Place of Business

2995 FLAMINGO DRIVE
 MIAMI BEACH FL 33140

Mailing Address

2995 FLAMINGO DRIVE
 MIAMI BEACH FL 33140-3916

2. Principal Place of Business

ONE LA GORCE CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

City & State

SAME

Zip

33141

Country

USA

Zip

Country

4. FEI Number

65-0830265

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GIRALDO, ADALBERTO
 2995 FLAMINGO DRIVE
 MIAMI BEACH FL 33140

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]

APRIL 25 / 2000

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	PD	<input checked="" type="checkbox"/> Delete
NAME	GIRALDO, ADALBERTO	
STREET ADDRESS	2995 FLAMINGO DR.	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	DEVECHT, SCOTT	
STREET ADDRESS	2995 FLAMINGO DR.	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIRALDO, ADALBERTO	
STREET ADDRESS	ONE LA GORCE CIRCLE	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	VT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVECHT, SCOTT	
STREET ADDRESS	ONE LA GORCE CIRCLE	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
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		
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		

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 25 / 2000 (305) 535-3751

Date

Daytime Phone #

CR2E034 (9/99)