

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000043119

1. Entity Name

POWER VIDEO ELECTRONICS, INC.

Principal Place of Business

131 SW 22 AVE
MIAMI FL 33135

Mailing Address

5200 NW 183 ST
MIAMI FL 33055
US

2. Principal Place of Business

3. Mailing Address

10450 NW 19 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Pembroke Pines, FL

Zip

Country

Zip

33026

Country

U.S.A.

6. Name and Address of Current Registered Agent

SOSA, MARIELA
5200 NW 183 ST
MIAMI FL 33055

7. Name and Address of New Registered Agent

Name

Mariela Sosa

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

10450 NW 19 ST

City

Pembroke Pines

FL

Zip Code

33026

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	PD	<input type="checkbox"/> Delete
NAME	SOSA, FELIX	
STREET ADDRESS	5200 NW 183 ST	
CITY - ST - ZIP	MIAMI FL 33055	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SOSA, MARIELA	
STREET ADDRESS	5220 NW 183 ST	
CITY - ST - ZIP	MIAMI FL 33055	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ABREU, OBDULIA C	
STREET ADDRESS	5200 NW 183 ST	
CITY - ST - ZIP	MIAMI FL 33055	
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	Felix Sosa	
STREET ADDRESS	10450 NW 19 ST	
CITY - ST - ZIP	Pembroke Pines, FL 33026	
TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mariela Sosa	
STREET ADDRESS	10450 NW 19 ST	
CITY - ST - ZIP	Pembroke Pines, FL 33026	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Obdulia C. Abreu	
STREET ADDRESS	10450 NW 19 ST	
CITY - ST - ZIP	Pembroke Pines, FL 33026	
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:

Mariela Sosa Mariela Sosa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01

Date

(305) 218-3896

Daytime Phone #



DO NOT WRITE IN THIS SPACE

0122152

CR2E034 (10/00)