

2001 UNIFORM BUSINESS REPORT (UBR)

0143989

DOCUMENT # P98000045443

FILED

1. Entity Name

SAYBO VIDEO CORP.

01 MAR 12 AM 10:28

Principal Place of Business

~~240 NW 57 AVENUE~~
~~MIAMI FL 33126~~

6430 W FLAGLER ST
MIAMI, FL 33144

Mailing Address

~~240 NW 57 AVENUE~~
~~MIAMI FL 33126~~

6430 W FLAGLER ST
MIAMI, FL 33144

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature]



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0836961

Applied For
Not Applicable

Zip

Country

Zip

Country

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

~~BOLANOS, MARIA E~~
~~240 NW 57 AVENUE~~
~~MIAMI FL 33126~~

Name

RAMON PORTAL

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

9060 S.W. 42 AVE #405

City

MIAMI

FL

Zip Code
33134

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]

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
~~BOLANOS, MARIA E~~
~~240 NW 57 AVENUE~~
~~MIAMI FL 33126~~ ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RAMON PORTAL
9060 S.W. 42 AVE # 405
MIAMI, 33134 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500003924665--2
-03/29/01--01005--028
****150.00 ****150.00 ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)