

FILED
Jul 02, 2002 8:00 am
Secretary of State

07-02-2002 90806 004 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000045443			
1. Entity Name SAYBO VIDEO CORP.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 6480 W. FLAGLER ST		3. Mailing Address 6480 W. FLAGLER ST	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33144		Zip 33144	
Country USA		Country USA	
4. FEI Number 65-0836961		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name JAVIER TOLEDO			
Street Address (P.O. Box Number is Not Acceptable) 6480 W. FLAGLER ST			
City MIAMI FL 33144			
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 _____ DATE _____			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (500 credits on back) <input type="checkbox"/>		January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE PSD		NAME JAVIER TOLEDO	
STREET ADDRESS 6480 W. FLAGLER ST.		STREET ADDRESS	
CITY, ST, ZIP MIAMI FL 33144		CITY, ST, ZIP	
TITLE		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		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(2)(b), 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 on an attachment with an address, with all other officers, directors.			
SIGNATURE: X		Date 6/27/02	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JAVIER TOLEDO			

CR2E034B (12/01)

THE TAX GROUP, INC.

1149 S.W. 27th AVENUE, SUITE #305

MIAMI, FLORIDA 33135

PHONES: 643-6455 / 643-6466

FLORIDA DEPARTMENT OF STATE
UNIFORM BUSINESS REPORT
DIVISION OF CORPORATIONS
P O BOX 1500
TALLAHASSEE FL 32302.1500

June 27, 2002

RE: SAYBO VIDEO CORP.-DOCUMENT # P98000045443.

Gentlemen:

118897

My client is enclosing ck #1190 to cover renewal fees for this year, the reason for being late is very simple and is as follows:

When he filed year 2000UBR'S report on 3/12/01 (See copy enclosed) the mailing address was stated as 6480 W. FLAGLER ST. MIAMI, FL. 33144, however this year he did not receive the renewal form.

Upon looking in your Web Site I discovered that the mailing address was incorrectly recorded in your database-it seems a keypuncher entered the wrong information in the system, you would probably ask us how do we know ? and then all you have to look at is the Zip Code, the actual Zip Code for 2480 FLAGLER ST. is 33135 and the Zip Code for the actual business location is 33144.

We do not believe my client should be penalize for this mistake and ask you allow to have this form filed in time.

Thanking you for your prompt attention to this request,

Respectfully yours,


ANDRES W. LOPEZ, E.A.

enclosures

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000045443**

1. Entity Name

SAYBO VIDEO CORP.

118897

FILED

01 MAR 12 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~243 NW 37th Avenue~~
~~MIAMI, FL 33126~~

~~243 NW 37th Avenue~~
~~MIAMI, FL 33126~~

6430 W FLAGLER ST
MIAMI, FL 33144

6480 W FLAGLER ST
MIAMI, FL 33144

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~~
~~243 NW 37th 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: 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 243 NW 37th Avenue MIAMI, FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMON PORTAL 9060 S.W. 42 AVE # 405 MIAMI, 33134
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	50000392465-2 -03/29/01--01005--028 ****150.00 ****150.00
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addit

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 changed, or on an attachment with an address, with all other like empowered.