

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000071990

1. Entity Name

EYE CATCHING VISUAL EFFECTS, INC.

**FILED**  
**Mar 28, 2001 8:00 am**  
**Secretary of State**

03-28-2001 90210 003 \*\*\*150.00

0113284

Principal Place of Business

2555 CAMELOT COURT  
COOPER CITY FL 33026

Mailing Address

2555 CAMELOT COURT  
COOPER CITY FL 33026

C0038798

2. Principal Place of Business

808 East Las Olas Blvd

3. Mailing Address

808 East Las Olas Blvd

Suite, Apt. #, etc.

101

Suite, Apt. #, etc.

101

City & State

Ft. LAUDERDALE, FL

City & State

Ft. Lauderdale, FL

4. FEI Number

65-0859716

Applied For

Not Applicable

Zip

33301

Country

USA

Zip

33301

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FRIEDMAN, ENID C  
2555 CAMELOT COURT  
COOPER CITY FL 33026

7. Name and Address of New Registered Agent

Name Meyer, Patricia

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

808 East Las Olas Blvd

101

City

Ft. Lauderdale

FL

Zip Code 33301

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	P	<input checked="" type="checkbox"/> Delete
NAME	FRIEDMAN, ENID C	
STREET ADDRESS	2555 CAMELOT CT	
CITY-ST-ZIP	COOPER CITY FL 33026	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MEYER, PATRICIA A	
STREET ADDRESS	4121 NE 13 AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33334	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYER PATRICIA	
STREET ADDRESS	808 East Las Olas Blvd, #101	
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
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:

*Patricia Meyer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-01 954-523-0090

Date Daytime Phone #

CR2E034 (10/00)