

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000048577

1. Entity Name

RODRIGUEZ AUDIO VISUAL ENTERPRISES, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90178 017 ***159.00

Principal Place of Business

711 N. PINE ISLAND RD., #406
 PLANTATION FL 33324

Mailing Address

711 N. PINE ISLAND RD., #406
 PLANTATION FL 33324-1391

2. Principal Place of Business

751 N. Pine Island Rd

3. Mailing Address

751 N. Pine Island Rd.

Suite, Apt. #, etc.

APT 106

Suite, Apt. #, etc.

APT 106

City & State

Plantation Florida

City & State

Plantation, Florida

Zip

33324

Country

US

Zip

33324

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0924889

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, IVAN
 711 N. PINE ISLAND RD., #406
 PLANTATION FL 33324

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/7/2000

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DPV
 RODRIGUEZ, IVAN
 711 N. PINE ISLAND RD., #406
 PLANTATION FL 33324

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DST
 RODRIGUEZ, AMANDA
 711 N. PINE ISLAND RD., #406
 PLANTATION FL 33324

☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
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 CITY-ST-ZIP

☐ Change

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)