

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 27, 2001 8:00 am**  
**Secretary of State**

06-27-2001 90005 041 \*\*\*150.00

**DOCUMENT #** 99000065725

1. Entity Name

CAMVIEW INC.

LA

Principal Place of Business

Mailing Address

2030 NE 31 AVENUE  
 FORT LAUDERDALE FL 33305

SAME

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0951071

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

BRENDA HACKER, ESQ.  
 1500 NW 49 STREET, STE 608  
 FORT LAUDERDALE FL 33309

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  
 TRACI KUBACKY  
 2030 NE 31 AVENUE  
 FORT LAUDERDALE FL 33305

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
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☐ Delete

TITLE  
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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 #

6-21-01 954-568-6225

CR2E034 (11/00)

6-21-01

Dept of State  
Division of Corps.  
Tallahassee, FL 32302

Attachment  
D# P99000065725  
A0075010

✓ Dear Sir or Madam:

Please except this payment Without  
penalty As we are Fighting to stay in  
~~Business And had to Scrape And Scratch~~  
these fund together. We feel luct to have  
gotten this far. Please Understand we  
Are A very small Corporation. Thank You.

Sincerely,  
Traci M. Kulocky pres.

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TRACI KULOCKY, Pres  
CAMVIEW Inc  
65-0951071