

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

05-02-2002 90131 038 ***150.00

FOR PROFIT CORPORATION

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S24629**

1. Entity Name

ALLIANCE VIDEO, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12570 N.E. 14 AVENUE

Suite, Apt. #, etc.

3. Mailing Address

2391 N.W. 4 TERRACE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NORTH MIAMI - FL

City & State

MIAMI - FL

4. FEI Number

65-0235588

Applied For

Not Applicable

Zip

33161

Country

U.S.A.

Zip

33125

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MARIA B. ARIAS

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

2391 N.W. 4 TERRACE

City

MIAMI

FL

Zip Code

33125

**DO NOT WRITE
IN THIS SPACE**

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

Maria B. Arias - MARIA B. ARIAS

4-23-02

Signature, type 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) ☐

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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D/P/S**
NAME **MARIA B. ARIAS**
STREET ADDRESS **12570 N.E. 14 AVENUE**
CITY-STATE-ZIP **NORTH MIAMI-FL 33161**

TITLE **D/T**
NAME **VERENA COHEN**
STREET ADDRESS **12570 N.E. 14 AVENUE**
CITY-STATE-ZIP **NORTH MIAMI-FL 33161**

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IN THIS SPACE**

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

SIGNATURE:

Maria B. Arias PRESIDENT

4-23-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034B (12/01)