

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V20245**

1. Entity Name

DALE WEST VIDEO PRODUCTIONS, INC.

FILED

Apr 07, 2001 8:00 am
Secretary of State

04-07-2001 90015 029 ***150.00

Principal Place of Business

10515 N.E. 2ND AVENUE
MIAMI SHORES FL 33138

Mailing Address

10515 N.E. 2ND AVENUE
MIAMI SHORES FL 33138

2. Principal Place of Business

12225 NE 13th Ct

Suite, Apt. #, etc.

3. Mailing Address

12225 NE 13 Ct

Suite, Apt. #, etc.

City & State

North Miami FL

City & State

North Miami FL

Zip

33161

Country

Zip

33161

Country

4. FEI Number

65-0323738

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

KELLEY, CHRISTOPHER P.
8801 BISCAYNE BLVD. #101
MIAMI FL 33138

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

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 **P** ☐ Delete
NAME **WEST, DALE A.**
STREET ADDRESS **10515 NE 3RD AVE.**
CITY-ST-ZIP **MIAMI SHORES FL**

TITLE **Correct** ☒ Change ☐ Addition
NAME **1640 N.E. 104th Street**
STREET ADDRESS **Miami Shores, FL 33138**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **12225 NE 13th Ct**
STREET ADDRESS **North Miami, FL**
CITY-ST-ZIP **33161**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/01
Date

305 892 1701
Daytime Phone #

CR2E034 (10/00)