

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V61161** (8)

1. Corporation Name:

UNIVERSAL VIDEO CLUB, INC.



Principal Place of Business

**347 E 49TH ST
HIALEAH FL**

Mailing Address

**347 E 49TH ST
HIALEAH FL 33013
US**

2. Principal Place of Business

2a. Mailing Address

21 State Apt. #, etc.

26 State Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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9. Name and Address of Current Registered Agent

**FERNANDEZ, REINERIO
347 E 49TH ST
HIALEAH FL**

3. Date Incorporated or Qualified

09/01/1992

3a. Date of Last Report

03/28/1995

4. FEI Number

65-0355263

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the corporation or its authorized agent, officer or director

Signature of Registered Agent (signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

**DP
FERNANDEZ, REINERIO
1020 W 46TH ST
HIALEAH FL**

☐ DELETE

2. STREET ADDRESS

3. CITY-STATE-ZIP

4. TITLE

**DS
FERNANDEZ, YOLANDA D**

☐ DELETE

5. STREET ADDRESS

6. CITY-STATE-ZIP

7. TITLE

**D
MARTINEZ, JULIO C**

☐ DELETE

8. STREET ADDRESS

9. CITY-STATE-ZIP

10. TITLE

**D
MARTINEZ, MAILIN**

☐ DELETE

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

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