2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P95000057279 **DOCUMENT #**

Country

1. Entity Name VISAJA CORPORATION



Principal Place of Business 719 NORTH S.R. 7 HOLLYWOOD FL 33021

Zip

Mailing Address 719 NORTH S.R. 7 HOLLYWOOD FL 33021

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

Zip

FILED Jan 17, 2003 8:00 am Secretary of State

01-17-2003 90052 017 ***150.00



DATE

6. Name and Address of Current Registered Agent - - 7. Name and Address of New Registered Agent Name ENTEBI, ANA S 2310 N. 5 HOLLYW

LITTED, ANA 3	•
2310 N. 59TH AVE.	Street Address (P.O. Box Number is Not Acceptable)
HOLLYWOOD FL 33021	
	City Zip Code
The above named entity submits this statement for the purpose of changing its register the obligations of registered agent.	ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept

the obliga SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Country

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIT) F Delete TITLE ☐ Change ENTEBI, ANA S ☐ Addition NAME NAME 2310 N. 59TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME ENTEBI, JOSE NAME STREET ADDRESS 2310 N. 59TH AVE. STREET ADDRESS CITY-ST-7IP HOLLYWOOD FL 33021 CITY-ST-7IP VP TITLE Delete TITLE NAME ENTEBI, SARA NAME 2310 N 59TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition ENTEBI, JACOBO NAME STREET ADDRESS 2310 N 59TH AVE STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 10 or Block 11 if

SIGNATURE: