

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 467569

1. Entity Name

VISUALIZER, INC

Principal Place of Business

9748 NW 4th Lane  
Miami, FL 33172

Mailing Address

9748 NW 4th Lane  
Miami, FL 33172

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

65-0077786

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

Fiallo, Armando  
7204 NW 79th TER  
Miami, FL 33166

7. Name and Address of New Registered Agent

Name Fiallo, Armando

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

9748 NW 4th Lane  
Miami, FL 33172

City Miami

FL

Zip Code 33172

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

*Armando Fiallo*

Armando Fiallo-STD

4/30/01

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 WITH FEE IS \$150.00

After MAY 1, 2001 Fee will be \$350.00

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

TITLE PD  
NAME Estrella, Carmen  
STREET ADDRESS 7204 NW 79 Ter.  
CITY-ST-ZIP Miami, FL 33166 ☒ Delete

TITLE STD  
NAME Fiallo, Armando  
STREET ADDRESS 7204 NW 79 Ter  
CITY-ST-ZIP Miami, FL 33166 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME Fiallo, Jorge L.  
STREET ADDRESS 9748 NW 4th Lane  
CITY-ST-ZIP Miami, FL 33172 ☒ Change ☐ Addition

TITLE STD  
NAME Fiallo, Armando  
STREET ADDRESS 9748 NW 4th Lane  
CITY-ST-ZIP Miami, FL 33172 ☒ Change ☐ Addition

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

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

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

TITLE  
NAME  
STREET ADDRESS  
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:

*Armando Fiallo*

Armando Fiallo-STD

4/30/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Division: Finance

CR2034 (11/00)

FILED  
May 18, 2001 8:00 am  
Secretary of State

05-18-2001 91587 013 \*\*\*150.00

A0070388

DO NOT WRITE IN THIS SPACE