

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F01000004957

FILED
Apr 09, 2002 8:00 AM
Secretary of State

Entity Name: NETVISUM CORPORATION

Current Principal Place of Business:

8401 NW 53RD TERRACE
STE 202
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

8401 NW 53RD TERRACE
STE 202
MIAMI, FL 33166

New Mailing Address:

FEI Number: 65-1073592 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VILLACAMPA, OSIRIS
7748 SW 184 WAY
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCTD () Delete
Name: VILLACAMPA, OSIRIS
Address: 7748 SW 184 WAY
City-St-Zip: MIAMI, FL

Title: VS () Delete
Name: ALONSO, DIEGO C
Address: 6341 PENT PLACE
City-St-Zip: MIAMI, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCTD (X) Change () Addition
Name: VILLACAMPA, OSIRIS
Address: 7748 SW 184 WAY
City-St-Zip: MIAMI, FL 33157

Title: VP (X) Change () Addition
Name: ALONSO, DIEGO C
Address: 6341 PENT PLACE
City-St-Zip: MIAMI, FL 33014

Title: D () Change (X) Addition
Name: VILLACAMPA, MARIA C
Address: 7748 SW 184 WAY
City-St-Zip: MIAMI, FL 33157

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSIRIS VILLACAMPA

P

04/09/2002

Electronic Signature of Signing Officer or Director

_____ Date