

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005982

1. Entity Name

VISUAL EDGE SYSTEMS INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90069 019 ***150.00

Principal Place of Business

Mailing Address

2424 N FEDERAL HWY #100
STE. 100
BOCA RATON FL 33431
US

2424 N FEDERAL HWY #100
BOCA RATON FL 33431-4473

2. Principal Place of Business

901 Yamato Road

3. Mailing Address

901 Yamato Road

Suite, Apt. #, etc.

Suite 175

Suite, Apt. #, etc.

Suite 175

City & State

Boca Raton, Florida

City & State

Boca Raton, Florida

Zip

Country

33431

Zip

Country

33431

4. FEI Number

13-3778895

Applied For

Not

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FORZLY, MELISSA

2424 N FEDERAL HWY #100
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

Ron Seale

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

901 Yamato Road, Suite 175

Boca Raton, FL 33431

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

1-26-00

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, 2000 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

TITLE	DCVL	<input checked="" type="checkbox"/> Delete
NAME	UBELL, ALAN L	
STREET ADDRESS	2424 N FEDERAL HWY #100	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	DCEO	<input checked="" type="checkbox"/> Delete
NAME	TAKEFAM, EARL T	
STREET ADDRESS	2424 N FEDERAL HWY #100	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ARTZ, BERYL	
STREET ADDRESS	2424 N FEDERAL HWY #100	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EINHORN, EDDIE	
STREET ADDRESS	2424 N FEDERAL HWY #100	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HERSHHORN, MARK	
STREET ADDRESS	2424 N FEDERAL HWY #100	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	COO	<input checked="" type="checkbox"/> Delete
NAME	PARKER, RICHARD	
STREET ADDRESS	2424 N FEDERAL HWY #100	
CITY-ST-ZIP	BOCA RATON FL 33431	

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ron Seale	
STREET ADDRESS	901 Yamato Road, Suite 175	
CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tom Peters	
STREET ADDRESS	901 Yamato Road, Suite 175	
CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Keith Benedict	
STREET ADDRESS	901 Yamato Road, Suite 175	
CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Wagner	
STREET ADDRESS	901 Yamato Road, Suite 175	
CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

1-26-00

Date

561-750-7559

Daytime Phone #

ext.