

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H20632

1. Entity Name

VISUAL EFFECTS, INC.

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90066 039 \*\*\*150.00

Principal Place of Business

2061 NE 160TH ST.  
N.MIAMI BCH. FL 33162

Mailing Address

2061 NE 160TH ST.  
N.MIAMI BCH. FL 33162-4913

2. Principal Place of Business

1190 NW 159TH DR

3. Mailing Address

1190 NW 159TH DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

North Miami Beach, FL

City & State

North Miami Beach, FL

Zip

33169

Country

Zip

33169

Country

4. FEI Number

59-2444935

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROGOVER, HOWARD  
4811 SARAZEN DRIVE  
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name

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

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

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	VP	<input type="checkbox"/> Delete
NAME	ROGOVER, BERNARD	
STREET ADDRESS	2051 N.E. 160TH STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	ROGOVER, HOWARD	
STREET ADDRESS	2051 N.E. 160TH STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ROGOVER, ELAINE	
STREET ADDRESS	2051 N.E. 160TH STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	LABELL, DAVID	
STREET ADDRESS	13453 SW 42ND STREET	
CITY-ST-ZIP	DAVIE FL 33330	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1190 NW 159TH DR	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1190 NW 159TH DR	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1190 NW 159TH DRIVE	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1190 NW 159TH DRIVE	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

Date

Daytime Phone #

CR2524 (9/99)