

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000010304

1. Entity Name

VISIONAUTICA, INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90171 002 ***150.00

Principal Place of Business

100 ALMERIA AVENUE, SUITE 204
CORAL GABLES FL 33134

Mailing Address

100 ALMERIA AVENUE, SUITE 204
CORAL GABLES FL 33134

C0047049



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2506 Ponce de Leon Blvd.

Suite, Apt. #, etc.

3. Mailing Address

2506 Ponce de Leon Blvd

Suite, Apt. #, etc.

City & State

Coral Gables FL

City & State

Coral Gables FL

4. FEI Number

65-0979261

Applied For

Not Applicable

Zip

33134

Country

USA

Zip

33134

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PINES, GUSTAVO A
3301 PONCE DE LEON BLVD.
SUITE 200
CORAL GABLES FL 33134

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)

4/11/01

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, 2001 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 PD
NAME BRIZ, PAUL XAVIER ☐ Delete
STREET ADDRESS 100 ALMERIA AVENUE, SUITE 204
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE VSD
NAME PARDO, FRANCISCO JOSE ☒ Delete
STREET ADDRESS 100 ALMERIA AVENUE, SUITE 204
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ Change ☐ 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

PAUL X. BRIZ

4/11/01

DATE

(305) 446-8100

Daytime Phone #

CR2E034 (10/00)