

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 21, 2002 8:00 am
Secretary of State

08-21-2002 90084 024 ***150.00

DOCUMENT # P00000022562

1. Entity Name

Visage Designs, Inc



124104

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1184 W. 51st PL

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Hialeah, FL

City & State

4. FEI Number

59-1313856

Applied For

Not Applicable

Zip

33012

Country

Do not

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Nora Sanchez

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

1184 West 51st PL

City

Hialeah

FL

Zip 33012

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

Jorge E. Sanchez

Signature, typed or printed name of registered agent, and title, if applicable.

(Note: Registered Agent's 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)



January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY - ST - ZIP

President
Nora Sanchez
1184 W. 51st PL
Hialeah, FL 33012

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Secretary
Estela Sanchez
1184 West 51st PL
Hialeah, FL 33012

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Nora E. Sanchez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)