

2004A R
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

04 MAY 27 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000022562**

1. Entity Name

VISAGE DESIGNS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1184 W 51TH PL

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

HALEAH, FL

City & State

Zip

33012

Country

USA

Zip

Country

4. FEI Number

591313856

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

MRD

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

NORA E SANCHEZ

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

1184 W 51TH PL

City

HALEAH

FL

Zip Code

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

Nora E Sanchez

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

(NOTE: Registered Agent signature required when reinstating)

DATE

300037724588

08/07/04--01051--012 **150.00

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	Pd
NAME	Nora E Sanchez
STREET ADDRESS	1184 W 51TH PL
CITY-ST-ZIP	HALEAH, FL 33012
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

**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

Telephone #

CR2E034B (12/01)

292

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$150.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2004 or any other notice from the Division of Corporations in respect with the Corporation **VISAGE DESIGNS, INC.**

Thank you for your courtesy in this matter.


NORA SANCHEZ
PRESIDENT