

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

DOCUMENT # P00000022562

1. Entity Name

VISAGE DESIGNS, INC.



FILED

03 OCT 29 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1184 WEST 51st PLACE

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

HIALEAH, FLORIDA

City & State

4. FEI Number

59-1313856

Applied For

Not Applicable

Zip

33012

Country

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 E. SANCHEZ

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

1184 WEST 51st PLACE

City

HIALEAH

FL

Zip Code
33012

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Nora Sanchez

10-28-2003

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

(NOTE: Registered Agent signature required when terminating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PRESIDENT NORA E. SANCHEZ 1184 WEST 51st PLACE HIALEAH, FL 33012	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SECRETARY ESTELA SANCHEZ 1184 WEST 51st PLACE HIALEAH, FL 33012	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	8000024993230 11/04/03-01008-002 **150.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Nora Sanchez

10-28-2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

COVERING PAGE 2

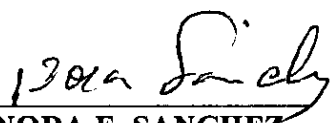
CR2E0346 (12/02)

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.

Please be advise that we did not receive the U.B.R. for the year 2003 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 E. SANCHEZ
PRESIDENT