

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90023 012 ***150.00

0497512

DOCUMENT # P00000047981

1. Entity Name

VIVID NETWORKING, INC.

Principal Place of Business

1172 SOUTH DIXIE HIGHWAY #287
CORAL GABLES FL 33146-2918

Mailing Address

1172 SOUTH DIXIE HIGHWAY #287
CORAL GABLES FL 33146-2918

2. Principal Place of Business

8101 SW 72 Ave.

Suite, Apt. #, etc.

#118W

City & State

Miami, Florida

Zip

33143

Country

U.S.A.

3. Mailing Address

8101 SW 72 Ave.

Suite, Apt. #, etc.

#118W

City & State

Miami, FLORIDA

Zip

33143

Country

U.S.A.

4. FEI Number

65-1008404

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

816915



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CUELLAR, JOSE F
1172 SOUTH DIXIE HIGHWAY #287
CORAL GABLES FL 33146-2918

7. Name and Address of New Registered Agent

Name

Cuellar, Jose F.

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

8101 SW 72 Ave., #118W

City

Miami

FL

Zip Code

33143

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

3/5/01

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 NAME STREET ADDRESS CITY-ST-ZIP	PTD CUELLAR, JOSE F 8101 SW 72 AVE APT 118 W MIAMI FL 33143	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

3/5/01 305 987-1304

CR2E034 (10/00)