

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/14

**FILED**  
**Jun 04, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90011 040 \*\*\*150.00

**DOCUMENT # P01000000526**

1. Entity Name

**VISUAL DIRECT INC.**

Principal Place of Business

Mailing Address

3501 SW 107 AVE.  
 MIAMI FL 33165

3501 SW 107 AVE.  
 MIAMI FL 33165

2. Principal Place of Business

**175 Fountainbleu Blvd.**

3. Mailing Address

**175 Fountainbleu Blvd.**

Suite, Apt. #, etc.

**Suite 2G7**

Suite, Apt. #, etc.

**Suite 2G7**

City & State

**Miami Fla.**

City & State

**Miami Fla.**

4. FEI Number

**65-1070263**

Applied For

Not Applicable

Zip

**33172**

Country

**U.S.A.**

Zip

**33172**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOLIS, ERWIN DIAZ-**  
**3501 SW 107 AVE.**  
**MIAMI FL 33165**

Name

**SAME**

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

**Suite 2G7**

City

**FL**

Zip Code

**33172**

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

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so: ☐

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Delete  
 NAME **ALI BOHORQUEZ JR.**  
 STREET ADDRESS **5051 SW 142 PL**  
 CITY-ST-ZIP **MIAMI FL 33175**

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

TITLE **SECRETARY-TREASURER** ☐ Delete  
 NAME **NESTOR OLIVARES**  
 STREET ADDRESS **12365 SW 18 ST APT 301**  
 CITY-ST-ZIP **MIAMI FL 33175**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
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 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:

**Ali Bohorquez**

**Ali Bohorquez**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**(305) 227-2452**

Daytime Phone #

CR2034 (10/00)