

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90252 012 ***150.00

DOCUMENT # P01000012782

1. Entity Name
VISUAL TOOLS U.S., INC.

Principal Place of Business

CALLE XAUDARO #13
MADRID SPAIN 28034

Mailing Address

C/O CARLTON FIELDS
P.O. BOX 019101
MIAMI FL 33131-9101



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8390 N.W. 53 STREET

Suite, Apt. #, etc.

312

City & State

MIAMI, FLORIDA

Zip

33166

Country

MIAMI-DADE

3. Mailing Address

8390 N.W. 53 STREET

Suite, Apt. #, etc.

312

City & State

MIAMI, FLORIDA

Zip

33166

Country

MIAMI-DADE

4. FEI Number

65-1087438

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ARBIDE, FRANCISCO J

C/O CARLTON FIELDS

4000 INTERNATIONAL PLACE 100 S.E. 2ND ST.

MIAMI FL 33131-9101

7. Name and Address of New Registered Agent

Name

ALAN MARGULIES

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

8390 N.W. 53 STREET

SUITE 312

City

MIAMI

FL

Zip Code

33166

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

ALAN MARGULIES, GENERAL MGR & DIR.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/02

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, 2002 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 **D** ☐ Delete
NAME **DARSCH, DAVID**
STREET ADDRESS **CALLE XAUDARO #13 BIS**
CITY-ST-ZIP **MADRID SPAIN, 28034**

TITLE **D** ☒ Delete
NAME **DURRE, EDMOND**
STREET ADDRESS **CALLE XAUDARO #13 BIS**
CITY-ST-ZIP **MADRID SPAIN, 28034**

TITLE **D** ☒ Delete
NAME **RODRIGUEZ, ARTURO**
STREET ADDRESS **CALLE XAUDARO #13 BIS**
CITY-ST-ZIP **MADRID SPAIN, 28034**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CHAIRMAN & SECRETARY** ☒ Change ☐ Addition
NAME **DARSCH, DAVID**
STREET ADDRESS **ISLA GRACIOSA 1**
CITY-ST-ZIP **28034 MADRID, SPAIN**

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

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

TITLE **PRESIDENT & TREASURER** ☐ Change ☒ Addition
NAME **ACERO, FELIX**
STREET ADDRESS **ISLA GRACIOSA 1**
CITY-ST-ZIP **28034 MADRID, SPAIN**

TITLE **GENERAL MANAGER & DIR.** ☐ Change ☒ Addition
NAME **MARGULIES, ALAN**
STREET ADDRESS **8390 N.W. 53 STREET, SUITE 312**
CITY-ST-ZIP **MIAMI, FL 33166**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALAN MARGULIES GM & DIR

Date

4/12/02

Daytime Phone #

305 436-7450

CR2E034 (9/01)