

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**  
 05-14-2002 90011 044 \*\*\*150.00

**DOCUMENT # P01000055258**

1. Entity Name  
**PRO VISUAL, INC.**

Principal Place of Business  
**3501 N.W. 32ND AVENUE**  
**MIAMI FL 33142**

Mailing Address  
**3501 N.W. 32ND AVENUE**  
**MIAMI FL 33142**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**17210 N.W. 64th Avenue**  
 Suite, Apt. #, etc.  
**Apt. # 308**

3. Mailing Address  
**Same**  
 Suite, Apt. #, etc.

City & State  
**Miami, Fla.**

City & State

4. FEI Number  
**65-1142389**

Applied For  
 Not Applicable

Zip  
**33015**

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**PUIG, NOEL R**  
**3501 N.W. 32ND AVENUE**  
**MIAMI FL 33142**

## 7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**782 N.W. Lejeune Rd. Suite 428**  
 City **Miami, Florida** **FL** Zip Code **33126**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **4/25/02**

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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PALUCI, GUSTAVO F</b> <b>3505 SOUTH OCEAN DRIVE #818</b> <b>HOLLYWOOD FL 33019</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>OCAMPO, MARCELA V</b> <b>3505 SOUTH OCEAN DRIVE #818</b> <b>HOLLYWOOD FL 33019</b> <input checked="" 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	<b>D</b> <b>GUSTAVO F. PALUCI</b> <b>17210 N.W. 64th Ave. Apt. 308</b> <b>Miami, Florida 33015</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MARCELA V. OCAMPO</b> <b>17210 N.W. 64th Avenue Apt. 308</b> <b>Miami, Florida 33015</b> <input checked="" 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
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

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 #

**4/25/02 (305) 442 8093**

CR2E034 (9/01)