

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

FILED
Jul 16, 2002 8:00 am
Secretary of State

05-21-2002 90884 021 ***150.00

DOCUMENT # **P01000057511**

1. Entity Name

**SEVENTH SENSE VISUAL COMMUNICATION
Corp.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9501 Fontainebleau Blvd

3. Mailing Address

9501 Fontainebleau Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI - FL

Zip

33172

Country

Zip

33172

Country

E.F.U.U

4. FEI Number

65-1138240

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name **KARINA E. SUAREZ**

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

9501 Fontainebleau Blvd

105

City

MIAMI

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

KARINA E. SUAREZ

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

(NOTE: Registered Agent must be a resident of the State of Florida.)

DATE

4-29-02

9. This corporation is eligible to satisfy its intangible

Tax-filing requirement and elects to do so.

(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
**PRESIDENT
KARINA E. SUAREZ
9501 Fontainebleau Blvd
105 - MIAMI FL 33172**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like employees.

SIGNATURE:

SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-29-02 (30) 223-2905

Date

Daytime Phone #

CR2E034B (12/01)