

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90356 017 ***158.75

0270459 AV

DOCUMENT # P01000063355

1. Entity Name
VIRTUAL IMAGE, INC.

Principal Place of Business Mailing Address
~~9619 FONTAINEBLEAU BLVD, SUITE 517~~ ~~9619 FONTAINEBLEAU BLVD, SUITE 517~~
MIAMI FL 33172 **MIAMI FL 33172**



2. Principal Place of Business 3. Mailing Address
2960 S.W. 8 St **2960 S.W. 8 St**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
FLOOR 2. **FLOOR 2**

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
MIAMI, FLA. **MIAMI, FLA** **65-1119606** Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
33135 USA 33135 USA

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
ENCISO, ALEXANDER Name
~~9619 FONTAINEBLEAU BLVD, SUITE 517~~ Street Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33172 **2960 S.W. 8 St. FLOOR 2.**
 City Zip Code
MIAMI FL 33135

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
 (See criteria on back) **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	PTD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, NELYDA		NAME		
STREET ADDRESS	9619 FONTAINEBLEAU BLVD, SUITE 517		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33172		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARRA, JUAN G		NAME		
STREET ADDRESS	9619 FONTAINEBLEAU BLVD, SUITE 517		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33172		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENCISO, ALEXANDER		NAME		
STREET ADDRESS	9619 FONTAINEBLEAU BLVD, SUITE 517		STREET ADDRESS	2960 S.W. 8 St. Floor 2.	
CITY-ST-ZIP	MIAMI FL 33172		CITY-ST-ZIP	MIAMI, FL 33135	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: X Alexander Enciso P. Jan-30-2002 (305) 631 0222
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)