

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 15, 2002 8:00 am**  
**Secretary of State**

07-15-2002 90193 002 \*\*\*150.00

**DOCUMENT # P01000069180**

1. Entity Name  
**VISIV DESIGN CORPORATION**

Principal Place of Business

10500 S.W. 108TH AVE  
MIAMI FL 33176-8600

Mailing Address

10500 S.W. 108TH AVE  
MIAMI FL 33176-8600

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE #306**

**SUITE #306**

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1130992**

Applied For

Not Applicable

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

**MORGENSTERN, ALEXIS**  
**10500 S.W. 108TH AVE**  
**MIAMI FL 33176-8600**

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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  
**D**  
**MORGENSTERN, ALEXIS**  
**10500 S.W. 108TH AVE**  
**MIAMI FL 33176-8600** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PVSTD**  
**MORGENSTERN, ALEXIS**  
**10500 S.W. 108AVE. #306**  
**MIAMI, FL. 33176-6600** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: **X Alexis Morgenstern** **RE-QUALIFIED** **ALEXIS MORGENSTERN** **DIR.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/8/02**

CR2E034 (4/02)

Attachment  
Document #  
P01000069180

July 9, 2002

~~Florida Department of State~~  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Fl. 32302-1500

Re: **VISIV DESIGN CORPORATION**  
Document # P01000069180  
ID #65-1130992

To Whom It May Concern:

We are writing this letter to advise you that we did not receive your first mailing of the 2002 Uniform Business Report in time due to a lack of information on our address, therefore failed to file it in a timely manner; we are first time filers and consequently were not aware of it.

We respectfully request that you waive the late fee and accept the enclosed check for \$150:00 as full payment for this year's report.

We sincerely apologize any inconvenience this may have caused you.

In appreciation of your understanding, we remain.

Very truly yours,



Alexis Morgenstern  
President  
Visiv Design Corporation