

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90053 007 ***150.00

DOCUMENT # P01000082928

1. Entity Name
VIRTUAL DESIGN CORPORATION

Principal Place of Business
3300 UNIVERSITY DRIVE
STE 708
CORAL SPRINGS FL 33065

Mailing Address
3300 UNIVERSITY DRIVE
STE 708
CORAL SPRINGS FL 33065

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1131620

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

SCHNITZER, GERALD S
2455 E. SUNRISE BLVD.
STE 502
FT. LAUDERDALE FL 33304

Name

Mills, Eric

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

7910 Colony Circle

7-206

TAMARAC, FL

FL

33308

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, 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 \$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 ☐ Delete
NAME **D**
STREET ADDRESS **MILLS, ERIC**
CITY-ST-ZIP **7910 COLONY CIRCLE (7-206)**
TAMARAC FL 33321

TITLE ☒ Change ☐ Addition
NAME **President**
STREET ADDRESS **Mills, Eric**
CITY-ST-ZIP **7910 Colony Circle 7-206**
TAMARAC, FL 33321

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ALFASI, AVRAHAM**
CITY-ST-ZIP **3500 GALT OCEAN DRIVE APT. 1007**
FORT LAUDERDALE FL 33308

TITLE ☒ Change ☐ Addition
NAME **SD**
STREET ADDRESS **Alfasi, Avraham**
CITY-ST-ZIP **8500 GALT OCEAN DRIVE Apt 1007**
Fort Lauderdale, FL 33308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/02

Date

(954) 344-8680

Daytime Phone #

CR2E034 (9/01)