

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0250790 AV

DOCUMENT # P01000117118

1. Entity Name
VISUALL TIME, INC.



FILED

03 MAY -7 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
999 BRICKELL BAY DR
SUITE 711
MIAMI FL 33131

Mailing Address
7105 SW 8 ST.
103
MIAMI FL 33144



2. Principal Place of Business

3. Mailing Address

7105 SW 8 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

309

City & State

City & State

Miami FL

Zip

Country

Zip

Country

33144

4. FEI Number 65-1157909

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ORTIZ, JUAN C
999 BRICKELL BAY DR
SUITE 711
MIAMI FL 33131

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ORTIZ, JUAN C
STREET ADDRESS 999 BRICKELL BAY DR APT. 711
CITY-ST-ZIP MIAMI FL 33131

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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05/13/03--01044--023 **150.00

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)