

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000080468

1. Entity Name

VISOM HOLDINGS CORP.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90023 046 ***150.00

Principal Place of Business

Mailing Address

4987 N UNIVERSITY DR
SUITE 2410
LAUDERHILL FL 33351
US

4987 N. UNIVERSITY DR
SUITE 2410
LAUDERHILL FL 33351-4508
US

2. Principal Place of Business

845 TANGLEWOOD CIR.

Suite, Apt. #, etc.

3. Mailing Address

845 TANGLEWOOD CIR.

Suite, Apt. #, etc.

City & State

WESTON, FLORIDA

City & State

WESTON, FLORIDA

4. FEI Number

65-0701208

Applied For

Not Applicable

Zip

Country

33327-1840

USA

Zip

Country

33327-1840

USA

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

LIBERATORE, MICHAEL JOSEPH
801 BRICKELL AVENUE, SUITE 929
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.

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, 2000 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 **D** ☐ Delete
NAME **DE ANDRADE, CARLOS**
STREET ADDRESS **13416 S.W. 131ST STREET**
CITY-ST-ZIP **MIAMI FL 33186**

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

TITLE **P** ☒ Delete
NAME **MCKINNON, GRAHAM**
STREET ADDRESS **4987 N. UNIVERSITY DR. #2410**
CITY-ST-ZIP **LAUDERHILL FL 33351**

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

TITLE ☐ Delete
NAME **RENATO PINTO**
STREET ADDRESS **VICE - PRESIDENT**
CITY-ST-ZIP **845 TANGLEWOOD CIR.**
WESTON, FL. 33327

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

4/14/00 (954) 385-9578

CR2E034 (9/99)