

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90106 039 ***150.00

DOCUMENT # P96000080596

1. Entity Name
VISOM USA CO.

Principal Place of Business

**845 TANGLEWOOD CIR
WESTON FL 33327
US**

Mailing Address

**845 TANGLEWOOD CIR
WESTON FL 33327
US**

2. Principal Place of Business

**4747 Hollywood Blvd
Suite, Apt. #, etc. #200**

3. Mailing Address

**4747 Hollywood Blvd
Suite, Apt. #, etc. #200**

City & State

**Hollywood FL
Zip 33021 Country USA**

City & State

**Hollywood FL
Zip 33021 Country USA**

4. FEI Number **65-0701207**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LIBERATORE, MICHAEL J
801 BRICKELL AVENUE STE 929
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **Jason Klein**
Street Address (P.O. Box Number is Not Acceptable) **8306 Mills Drive #249**
City **Miami** FL Zip Code **33173**

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

4/21/01

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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	DE ANDRADE, CARLOS	
STREET ADDRESS	RUA PROF. FERRERIA DA ROSA 108	
CITY-ST-ZIP	RIO DE JANEIRO RJ BRAZIL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	RENATO, PINTO	
STREET ADDRESS	10733 CLEARY BLVD #110	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

04/19/2001

Date

(305) 273 6303

Daytime Phone #

CR2E034 (10/00)