

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90145 003 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000091545 1. Entity Name ALTAMIRA VISUAL COMMUNICATIONS, INC.					
Principal Place of Business 11077 BISCAYNE BLVD. 205 NORTH MIAMI FL 33161			Mailing Address 11077 BISCAYNE BLVD. 205 NORTH MIAMI FL 33161		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0707927 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RODRIGUEZ, SAMUEL JR 3740 NW 203RD. ST. HIALEAH FL 33013			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CEO		TITLE		
NAME	RODRIGUEZ, SAMUEL		NAME		
STREET ADDRESS	3740 NW 203 ST		STREET ADDRESS		
CITY-ST-ZIP	CAROL CITY FL 33055		CITY-ST-ZIP		
TITLE	P		TITLE		
NAME	CESPEDES, WALTER		NAME		
STREET ADDRESS	1555 NE 121ST APT-S404		STREET ADDRESS		
CITY-ST-ZIP	N MIAMI FL 33161		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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CITY-ST-ZIP			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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			01-18-02 <small>Date</small>		
305-893-8858 <small>Daytime Phone #</small>			A203		

CRE034 (9/01)