

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90001 028 ***550.00

DOCUMENT # P97000055896

1. Entity Name

VISIONTECH OF FLORIDA MULTI-MEDIA YEARBOOKS, INC

Principal Place of Business

**2519 NW 40TH ST
 BOCA RATON FL 33434
 US**

Mailing Address

**2519 NW 40TH STREET
 BOCA RATON FL 33434**

2. Principal Place of Business

3. Mailing Address

13510 Sabal Palm Ct.

13510 Sabal Palm Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit D

Unit D

City & State

City & State

Delray Beach FL

Delray Beach FL

Zip

Country

Zip

Country

33484

33484

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**1 TUDDA, ANTHONY D
 2519 NW 40TH STREET
 BOCA RATON FL 33434**

***Change of Address*
 Visiontech Inc.
 13510 Sabal Palm Ct. Unit D
 Delray Beach, FL 33484**

Name

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

13510 Sabal Palm Ct. Unit D

City

FL

Zip Code

33484

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **DP** ☐ Delete
 NAME **TUDDA, ANTHONY D**
 STREET ADDRESS **2519 NW 40TH STREET**
 CITY-ST-ZIP **BOCA RATON FL 33434**

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

TITLE **VP** ☐ Delete
 NAME **MANANICE, SEBASTIAN R.**
 STREET ADDRESS **265 SLATER BLVD**
 CITY-ST-ZIP **STATEN ISLAND NY 10305**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (5/01)