

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000094986

1. Entity Name

VISUAL INNOVATION PRODUCTS, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90178 020 ***158.75

Principal Place of Business

Mailing Address

6554 NW 45 WAY
POMPANO BEACH, FL 33073

6554 NW 45 WAY
POMPANO BEACH FL 33067-4527

2. Principal Place of Business

3. Mailing Address

9171 NW 15 Street

9171 NW 15 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plantation, Florida

City & State

PLANTATION, Florida

Zip

Country

33322-4903 USA

Zip

Country

33322-4903 USA

4. FEI Number

65-0795945

Applied For

Not Applicable

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

MARTINEZ, ROGER
9171 NW 15 ST
PLANTATION FL 33322

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 ☐ Delete
NAME MARTINEZ, ROGER
STREET ADDRESS 9171 NW 15 ST.
CITY-ST-ZIP PLANTATION FL 33322

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

TITLE ☒ Delete
NAME NEJIB, ELIZABETH
STREET ADDRESS 6554 NW 45 WAY
CITY-ST-ZIP POMPANO BEACH FL 33073

TITLE ☒ Change ☐ Addition
NAME D. MARTINEZ, ELIZABETH
STREET ADDRESS 9171 NW 15 Street
CITY-ST-ZIP PLANTATION, Florida

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Delete
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)