

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 30, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000062290**

1. Entity Name  
 VISUALIZE TECHNOLOGY, INC.

Principal Place of Business 4206 N.W. 65 AVENUE  CORAL SPRINGS FL 33067	Mailing Address AGIM REGISTERED AGENTS, INC. 1200 BRICKELL AVE., STE. 900 MIAMI FL 33131
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address AGI REGISTERED AGENTS, INC.  Suite, Apt. #, etc. 1200 BRICKELL AVE., STE. 900
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City & State MIAMI FL	City & State MIAMI FL
Zip 33131	Country

4. FEI Number  
**65-0855684**

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

AGIM REGISTERED AGENTS, INC.  
 1200 BRICKELL AVE., STE. 900/RRA  
  
 MIAMI FL 33131 US

7. Name and Address of New Registered Agent

Name  
 AGI REGISTERED AGENTS, INC.  
 Street Address (P.O. Box Number is Not Acceptable)  
 1200 BRICKELL AVE., STE. 900  
  
 City MIAMI FL Zip Code 33131

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 **ROBERT R. ADAMS, PRESIDENT** DATE **04/30/2001**  
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	S DEANGULO BARBARA MYRIAM <input type="checkbox"/> Delete 4206 N.W. 65 AVE. CORAL SPRINGS FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERNANDO DE ANGULO JUAN <input type="checkbox"/> Delete 4206 N.W. 65 AVE. CORAL SPRINGS FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DE ANGULO BARBARA MYRIAM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4206 N.W. 65 AVE. CORAL SPRINGS FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **MYRIAM BARBARA DE ANGULO** S DATE **04/30/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)