

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000013211

1. Entity Name

BECCARIA VISUAL SOLUTIONS, INC.

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90391 033 \*\*\*150.00

Principal Place of Business

Mailing Address

5827 CORPORATE WAY STE. 207  
 WEST PALM BEACH FL 33407

5827 CORPORATE WAY STE. 207  
 WEST PALM BEACH FL 33407-2000

2. Principal Place of Business

3. Mailing Address

5827 CORPORATE WAY

5827 CORPORATE WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 207A

SUITE 207A

City & State

City & State

WEST PALM BEACH, FLORIDA

WEST PALM BEACH, FLORIDA

Zip

Country

Zip

Country

33407

USA

33407

USA

4. FFL Number

05-0897006

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

RUSSO, FRANK  
 416 CORTEZ AVENUE  
 STUART FL 34994-2412

Name

FRANK RUSSO

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

416 CORTEZ AVENUE

City

STUART FLORIDA

FL

Zip Code

33407

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	D	<input type="checkbox"/> Delete
NAME	RUSSO, JAMES	
STREET ADDRESS	1335 S.W. MAPLEWOOD DRIVE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34986	
TITLE	<del>RUSSO, JAMES</del>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	RUSSO, JAMES	
STREET ADDRESS	1335 S.W. MAPLEWOOD DRIVE	
CITY-ST-ZIP	PORT SAINT LUCIE, FLORIDA 34986	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	FRANK RUSSO	
STREET ADDRESS	416 CORTEZ AVE	
CITY-ST-ZIP	STUART, FL 34994	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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)