

2001 UNIFORM BUSINESS REPORT (UBR)

0166669

DOCUMENT # P99000108339

150

1. Entity Name
VISUAL EXPRESS CORP.

FILED

01 APR -5 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**C/O A Z REGISTERED AGENT CORPORATION
3550 BISCAYNE BLVD STE 704
MIAMI FL 33137**

Mailing Address
**C/O A Z REGISTERED AGENT CORPORATION
3550 BISCAYNE BLVD STE 704
MIAMI FL 33137**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **APPLIED FOR**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**A Z REGISTERED AGENT CORPORATION
2601 S BAYSHORE DRIVE SUITE 1600
MIAMI FL 33133**

Name
Clinton Snyder

Street Address (P.O. Box Number is Not Acceptable)
C/O TALK VISUAL CORPORATION

3550 BISCAYNE BLVD #706

City **Miami** FL Zip Code **33137**

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 **Clinton Snyder** **3/23/01**
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CD** ☐ Delete
NAME **ZUEBNER, MICHAEL**
STREET ADDRESS **3550 BISCAYNE BLVD 704**
CITY-ST-ZIP **MIAMI FL 33137**

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

TITLE **PD** ☐ Delete
NAME **ROSON, EUGENE**
STREET ADDRESS **3550 BISCAYNE BLVD #704**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE ☐ Change ☐ Addition
NAME **ROSON, EUGENE**
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **SCFO** ☐ Delete
NAME **SNYDER, CLINTON H**
STREET ADDRESS **3550 BISCAYNE BLVD 704**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE ☐ Change ☐ Addition
NAME **800004036548-0**
STREET ADDRESS **-04/20/01--01102--015**
CITY-ST-ZIP ******917.50 ****150.00**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: **Clinton Snyder, Secretary** **3/23/01** **305-572-0575**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)