

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V33045

1. Entity Name

VIS HOLDINGS CORP.

FILED
Apr 21, 2000 8:00 am
Secretary of State
 04-21-2000 90184 017 ***150.00

Principal Place of Business	Mailing Address
1525 N.W. 167 ST. 150 MIAMI 33 33169 US	1525 N.W. 167 ST. 150 MIAMI 33 33169-5131 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0380218	Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCOPETTA, GEORGE M.
 4205 SALZEDO ST
 CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOPETTA, GEORGE M.	NAME	
STREET ADDRESS	1525 NW 167TH ST. #150	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOPETTA, JOHN R.	NAME	
STREET ADDRESS	1525 NW 167TH ST. #150	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIRK, TED	NAME	VST
STREET ADDRESS	1525 NW 167TH ST #150	STREET ADDRESS	HORVATH, AUGUST J
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	1525 NW 167TH ST, SUITE 150
TITLE	ST <input checked="" type="checkbox"/> Delete	TITLE	MIAMI, FL 33169
NAME	FERNANDEZ, CARLOS L	NAME	
STREET ADDRESS	1525 NW 167TH STREET #150	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	ASAT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, MARLENE	NAME	
STREET ADDRESS	1525 NW 167 ST. #150	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: _____ **4/14/00 305-620-8989**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **GEORGE SCOPETTA, PRESIDENT** Date Daytime Phone #

CR2E034 (9/99)