2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State
02-14-2003 90204 013 ****61.25

DOCUMENT # N94000005259

1. Entity Name
RECAPTURING THE VISON, INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
9950 HIBISCUS ST. MIAMI FL 33157	9950 HIBISCUS ST. MIAMI FL 33157

☑ CHECK HERE IF MAKING CHANGES

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

4. FEI Number 65-0622266 ☐ 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
DELROSARIO, JACQUELINE 10800 SW 135 TERRACE MIAMI FL 33176	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DELROSARIO, JACQUELINE 10800 SW 135 TERRACE MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROGNER, KIM DR. 9370 SUNSET DR., SUITE A-150 MIAMI FL 33176	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CALIN, PETER 2625 PONCE DE LEON BLVD., STE. 280 CORAL GABLES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DRUCKMAN, SANDRA 3210 BRICKETT AVE MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PUGH, JACQUELINE A ONE HERALD PLAZA MIAMI FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEONARD, REBECCA E 6001 N.W. 7TH AVE. MIAMI FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Butler, Diane 7790 SW 127th Street Miami, Fl. 33156
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Bernard Anthony 9033 SW 152nd Street Miami, Fl. 33157
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Ellis, George 7900 NE 2nd Ave. Suite 504 Miami, Fl. 33133
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Ford, Gina 13727 SW 152nd St. # 319 Miami, Fl. 33177
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mendola, Ron 26543 SW 122nd. Place Princeton, Fl. 33032
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Trimm, Dr. Cindy 2700 W. Atlantic Blvd. Suite 214 Pompano Beach, Fl. 33069

CR2E037 (10/02)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 02-10-2003 (305) 232-6003
Date Daytime Phone #