

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G31559

1. Entity Name

VISION EXPORT, INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90172 049 ***150.00

Principal Place of Business

2315 NW 107TH AVENUE
IM-30. BOX 124
MIAMI FL 33172
US

Mailing Address

2315 NW 107TH AVENUE
IM-30. BOX 124
MIAMI FL 33172
US

2. Principal Place of Business

20113 N E 16 Place

3. Mailing Address

20113 N E 16 Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL 33179

City & State

Miami, FL 33179

4. FEI Number

59-2288418

Applied For

Not Applicable

Zip

33179

Country

Zip

33179

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~FELDMAN, DAVID PA~~
407 LINCOLN RD., NE PH
MIAMI BCH. FL 33139

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

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 ☐ Delete
NAME **PSTD**
STREET ADDRESS **KAMHAJI, MOSHE**
CITY-ST-ZIP **16350 N.W. 15TH AVE.**
MIAMI FL 33169

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: Moshe Kamhaji *Moshe Kamhaji*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0214452

CR2E034 (10/00)