

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90124 008 ***150.00

DOCUMENT # L52649

1. Entity Name

VISON B., INC.



DO NOT WRITE IN THIS SPACE

90037743

2. Principal Place of Business
1330 Coral Way

Suite, Apt. #, etc. 305

3. Mailing Address
3640 Yacht Club Dr.

Suite, Apt. #, etc. Apt #1404

DO NOT WRITE IN THIS SPACE

City & State
Miami, FL

City & State
Aventura, FL

4. FEI Number 65-0172868

Applied For
Not Applicable

Zip 33145

Country
U.S.A.

Zip 33180

Country
U.S.A.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Victor Vidal

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

1330 Coral Way #305

City Miami

FL

Zip Code 33145

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	Hilda Merom	3640 Yacht Club Dr. #1404	Aventura, FL, 33180

**DO NOT WRITE
IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF CLERKING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)