

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2001 8:00 am**  
**Secretary of State**

03-20-2001 90061 037 \*\*\*\*61.25

**DOCUMENT # N32282**

1. Entity Name

VISION FOREIGN TRADE ZONE, INC.

Principal Place of Business

VISION COUNCIL  
 43 N KROME AVE  
 HOMESTEAD FL 33030  
 US

Mailing Address

43 N KROME AVE  
 HOMESTEAD FL 33030  
 US

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

65-0147716

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

LYNN, SANDRA T  
 830 N KROME AVE  
 HOMESTEAD FL 33030

7. Name and Address of New Registered Agent

Name Robert Anderson  
 Street Address (P.O. Box Number is Not Acceptable)  
43 N Krome Avenue  
2nd Floor  
 City Homestead FL Zip Code 33030

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

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

(NOTE: Registered Agent signature required when reinstating)

2/13/01  
 DATE

**FILE NOW:**  
**FEF IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DC Director	<input type="checkbox"/> Delete
NAME	JOHNSON, ERIC	
STREET ADDRESS	43 N KROME AVE	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	BAUER, R H	
STREET ADDRESS	43 N KROME AVE	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	SHIVER, STEVE	
STREET ADDRESS	790 N HOMESTEAD BLVD	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D/E Chair	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Anderson	
STREET ADDRESS	43 N. Krome Ave	
CITY-ST-ZIP	Homestead, FL. 33033	
TITLE	D.P. Secy	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dylan, L.A.	
STREET ADDRESS	43 N. Krome Ave	
CITY-ST-ZIP	Homestead, FL. 33033	
TITLE	DV Vice-Chairman	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ED LEE	
STREET ADDRESS	99451 Overseas Hwy	
CITY-ST-ZIP	Key Largo, FL. 33037	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Robert S. Anderson  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E037 (10/00)