

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004807

1. Entity Name

VISIONS IN UNITY, INC.

Principal Place of Business

1305 NORTHWEST 54TH STREET
MIAMI FL 33142

Mailing Address

1305 NORTHWEST 54TH STREET
MIAMI FL 33142-3858

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

65-0776618

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

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

FILE NOW:
FEE 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME JONES, AVERY PASTOR
STREET ADDRESS 1305 NORTHWEST 54TH STREET
CITY-ST-ZIP MIAMI FL 33142

☐ Delete

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

TITLE VD
NAME JOHNSON, TONY
STREET ADDRESS 1305 NORTHWEST 54TH STREET
CITY-ST-ZIP MIAMI FL 33142

☐ Delete

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

TITLE SD
NAME FELTON, WILLIE
STREET ADDRESS 1305 NORTHWEST 54TH STREET
CITY-ST-ZIP MIAMI FL 33142

☐ Delete

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

TITLE TD
NAME DAVIS, BERTHA PASTOR
STREET ADDRESS 1305 NORTHWEST 54TH STREET
CITY-ST-ZIP MIAMI FL 33142

☐ Delete

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Avery Jones, January 31, 2000, 305 970-5733

Date

Daytime Phone #

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90051 036 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)