🗻 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N9900001253 1. Entity Name FILED VISION 2004, INC. 00 SEP 27 PM 12: 17 Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE, FLORIDA 7750 N.W. 7TH AVENUE 7750 N.W. 7TH AVENUE MIAMI FL MIAMI FL 3. Mailing Address Aane-DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) SAINVIL, VICTOR 7750 N.W. 7TH AVENUE MIAMI FL Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW: FEE IS \$61.25** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State After September 13, 2000 min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. PD ☐ Addition ☐ Delete TITLE TITLE SAINVIL, VICTOR NAME NAME STREET ADDRESS STREET ADDRESS 7750 N.W. 7TH AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition ☐ Delete TITLE TITI F LOUIS. ROBINSON NAME NAME STREET ADDRESS STREET ADDRESS 7750 N.W. 7TH AVENUE CITY-ST-ZIF CITY-ST-ZIP MIAMI FL Change [SD ☐ Addition - -- Delete TITLE 10/10/00-9 NAME BELIZAIRE. SERGE NAME STREET ADDRESS STREET ADDRESS 7750 N.W. 7TH AVENUE *****61.25 .25 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition TD Delete TITLE TITLE SAINVIL, JACQUES -NAME NAME STREET ADDRESS STREET ADDRESS 7750 N.W. 7TH AVENUE CITY-ST-78 CITY-ST-ZIP MIAMI FL ☐ Addition ATD ☐ Channe TITLE ☐ Delete TITLE **EMMANUEL, LOUIS** NAME NAME STREET ADDRESS STREET ADDRESS 7750 N.W. 7TH AVENUE CITY - ST - ZIP CITY-ST-ZIP MIAMI FL

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

GEFFRARD, LUNIQUE

MIAMI FL

7750 N.W. 7TH AVENUE

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OB DIRECTOR

☐ Delete

Victor SAINVIL

Daytima Phone #

☐ Change