

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90188 040 \*\*\*\*61.25

**DOCUMENT # N99000001253**

1. Entity Name

**VISION 2004, INC.**



Principal Place of Business

**7750 N.W. 7TH AVENUE  
MIAMI FL**

Mailing Address

**7750 N.W. 7TH AVENUE  
MIAMI FL**

2. Principal Place of Business

**7750 N.W. 7th Ave**  
Suite, Apt. #, etc.

3. Mailing Address

**7750 N.W. 7th Ave**  
Suite, Apt. #, etc.

City & State

**Miami Florida**

City & State

**Miami Florida**

Zip

**33150**

Country

**DOAE**

Zip

**33150**

Country

**DOAE**

4. FEI Number **65-0913695**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SAINVIL, VICTOR  
7250 N.W. 7TH AVENUE  
MIAMI FL 33150**

7. Name and Address of New Registered Agent

Name **VICTOR SAINVIL**

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

**7750 N.W. 7th Ave**

City

**Miami**

FL

Zip Code

**33150**

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

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>SAINVIL, VICTOR</b>	
STREET ADDRESS	<b>7750 N.W. 7TH AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	<b>LOUIS, ROBINSON</b>	
STREET ADDRESS	<b>7750 N.W. 7TH AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>BELIZAIRE, SERGE</b>	
STREET ADDRESS	<b>7750 N.W. 7TH AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	TD	<input type="checkbox"/> Delete
NAME	<b>SAINVIL, JACQUES</b>	
STREET ADDRESS	<b>7750 N.W. 7TH AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	ATD	<input type="checkbox"/> Delete
NAME	<b>EMMANUEL, LOUIS</b>	
STREET ADDRESS	<b>7750 N.W. 7TH AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>GEFFRARD, LUNIQUE</b>	
STREET ADDRESS	<b>7750 N.W. 7TH AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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:

**SIGNATURE REQUIRED**

*[Signature]*

**4/21/03 305-696-9906**

CR2037 (10/02)