

2000 UNIFORM BUSINESS REPORT (UBR)

3/1/

FILED
May 17, 2000 8:00 am
Secretary of State
 03-01-2000 90032 015 ****61.25

DOCUMENT # N99000005914

1. Entity Name

VISION : HAITI, INC.

Principal Place of Business

Mailing Address

8041 N.W. 75TH AVENUE
 TAMARAC FL 33321

8041 N.W. 75TH AVENUE
 TAMARAC FL 33321-4827

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

☒ 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

Name

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

City

FL

Zip Code

CLERIE, GERALD
 8041 N.W. 75TH AVENUE
 TAMARAC FL 33321

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	GERALD CLERIE	8014 NW 75 AVE.	TAMARAC, FL. 33321	<input type="checkbox"/>					<input type="checkbox"/>
	JEAN CLERIE	7830 NW 45 STREET	LAUDER HILL, FL. 33331	<input type="checkbox"/>					<input type="checkbox"/>
	PAUL CLERIE	6501 KIMBERLY BLVD.	N. LAUDERDALE, FL. 33068	<input type="checkbox"/>					<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>

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

02-21-00 954-726-6268

Date

Daytime Phone #

CR2E037 (9/99)