

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000031868

1. Entity Name

VISION MORTGAGE BANK, INC.

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90115 027 ***150.00

Principal Place of Business

12786 WEST DIXIE HWY
N. MIAMI FL 33161

Mailing Address

12786 WEST DIXIE HWY
N. MIAMI FL 33161

2. Principal Place of Business

13018 NE 8th AVENUE

Suite, Apt. #, etc.

3. Mailing Address

13018 NE 8th AVENUE

Suite, Apt. #, etc.

City & State

NORTH MIAMI, FLORIDA

City & State

NORTH MIAMI, FLORIDA

Zip

33161

Country

US

Zip

33161

Country

US

4. FEI Number

65-1000861

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

EVARISTE, LEOPOLD
12786 WEST DIXIE HWY
N. MIAMI FL 33161

Name

LEOPOLD EVARISTE

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

13018 NE 8th AVENUE

City

NORTH MIAMI

FL

Zip Code
33161

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS EVARISTE, LEOPOLD
CITY-ST-ZIP 12786 WEST DIXIE HWY
N. MIAMI FL 33161

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS EVARISTE, LEOPOLD
CITY-ST-ZIP 13018 NE 8th AVENUE
NORTH MIAMI, FL 33161

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an authorized sign all other like empowered.

SIGNATURE:

LEOPOLD EVARISTE

(305)891-2225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)