

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State
 05-16-2002 90035 019 ***150.00

DOCUMENT # P00000031871

1. Entity Name
VISION REAL ESTATE INVESTMENT, INC.

Principal Place of Business 1632 NE 148TH STREET MIAMI FL 33181	Mailing Address 13018 NE 8TH AVENUE N. MIAMI FL 33161
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1000865**

Applied For
 Not Applicable

Zip Country

Zip Country

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
 13018 NE 8TH AVENUE
 N. MIAMI FL 33161**

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

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, 2002 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	D EVARISTE, LEOPOLD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	13018 NE 8TH AVENUE		
CITY-ST-ZIP	N. MIAMI FL 33161		
	<input type="checkbox"/> Delete		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP		
	<input type="checkbox"/> Delete		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP		
	<input type="checkbox"/> Delete		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP		
	<input type="checkbox"/> Delete		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP		
	<input type="checkbox"/> Delete		

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 address, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** **4/26/02** **305-891-2225**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)