

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P-00000032451

1. Entity Name
VISIONA INC.

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90060 020 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

VISIONA INC.

Suite, Apt. #, etc.

6370 SW 40 ST

City & State

S. MIAMI, FL

Zip

33155

Country

USA

3. Mailing Address

VISIONA INC.

Suite, Apt. #, etc.

6370 SW 40 ST

City & State

S. MIAMI, FL

Zip

33155

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

651035245

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

Name

LUIS M. GONZALEZ

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

6382 SW 38 ST.

MIAMI FL

City

FL

Zip Code

33155

6. 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)

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January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LUIS M. GONZALEZ 6382 SW 38 ST. MIA, FL 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT JUAN C. CORDERO 220 23RD ST. #506 MIA, BEACH, FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/29/02 (303) 668-3333

Daytime Phone #