

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 14, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000032941**1. Entity Name  
IT NEW VISION, INC.

## Principal Place of Business

9200 S. DADELAND BLVD.  
SUITE #603  
MIAMI  
33156

FL

## Mailing Address

9200 S. DADELAND BLVD.  
SUITE #603  
MIAMI  
33156

FL

2. Principal Place of Business  
4220 PINE RIDGE CT3. Mailing Address  
4220 PINE RIDGE CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
WESTON

FL

City & State  
WESTON

FL

4. FEI Number  
**65-0997804**

Applied For

Not Applicable

Zip  
33331

Country

Zip  
33331

Country

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

CUEVAS ANDREW ESQ.  
9200 S. DADELAND BLVD.  
SUITE #603  
MIAMI  
33156

FL

## 7. Name and Address of New Registered Agent

Name

CARLOS ARDILA

Street Address (P.O. Box Number is Not Acceptable)  
4220 PINE RIDGE CTCity  
WESTON

FL

Zip Code  
33331

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 **CARLOS ARDILA**

03/14/2001

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

TITLE VPD ☒ Delete  
NAME ARDILA CARLOS  
STREET ADDRESS 9200 S. DADELAND BLVD.  
CITY-ST-ZIP MIAMI FL 33156TITLE PST ☐ Delete  
NAME ARDILA CARLOS  
STREET ADDRESS 9200 S. DADELAND BLVD.  
CITY-ST-ZIP MIAMI FL 33156TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE PST ☒ Change ☐ Addition  
NAME ARDILA CARLOS  
STREET ADDRESS 4220 PINE RIDGE CT  
CITY-ST-ZIP WESTON FL 33133TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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 address, with all other like empowered.

SIGNATURE: **Carlos Ardila**

PST

03/14/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)