

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000053789

1. Entity Name
Visionline Corporation

FILED

02 MAY 14 PM 5:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8554 NW 61st.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Zip
33166 Miami-Dade

Zip

Country

4. FEI Number

65-1013219

Applied For
Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Luis C. Araujo

Street Address (P.O. Box Numbers Not Acceptable)

7225 NW 25th Street

Suite #300

City Miami

FL

Zip Code 33122

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IN THIS SPACE

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 registrant (agent) and state of application

Infill: Registered Agent signature required when transferring

Date

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

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.☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	P. Athayde Silva Jr.	8554 NW 61st	Miami-FL 33166

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

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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)(b), 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 507, 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

May 10, 2002

Date

Signature Number

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$300.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my Corporation VISIONLINE CORPORATE.

Thank you for your courtesy in this matter.

ATHAYDE SILVA JR
PRESIDENT