

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 14, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000059646**1. Entity Name
A-VISION INC.

Principal Place of Business

5455 NW 72ND AVE.

MIAMI
33166

FL

Mailing Address

5455 NW 72ND AVE.

MIAMI
33166

FL

2. Principal Place of Business

7255 NW 68TH STREET #08

3. Mailing Address

7255 NW 68TH STREET #08

Suite, Apt. #, etc.
AV0073

Suite, Apt. #, etc.

City & State

MIAMI

FL

City & State

MIAMI

FL

Zip
33166

Country

Zip
33166

Country

4. FEI Number

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BENEBY BENJAMIN A
5455 NW 72ND AVE.MIAMI
33166

FL

7. Name and Address of New Registered Agent

Name

BENEBY BENJAMIN A

Street Address (P.O. Box Number is Not Acceptable)
7255 NW 68TH STREET #08

AV0073

City
MIAMI

FL

Zip Code
33166

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 _____ 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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	MR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENEBY LAUREN O	
STREET ADDRESS	7255 NW 68TH STREET #08 SUITE AV-0073	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	DR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENEBY GLEN S	
STREET ADDRESS	7255 NW 68TH STREET #08 SUITE AV-0073	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	MR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENEBY BENJAMIN A	
STREET ADDRESS	7255 NW 68TH STREET #08 SUITE AV-0073	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Benjamin A. Beneby

MR. 03/14/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)