## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

P00000060864

DOCUMENT # 1. Entity Name

VISION EVENTS INTERNATIONAL, INC.



Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90299 049 \*\*\*150.00

<del> </del>	Ţ			

3580 NORTH	ncipal Place of Business  Mailing Address  NORTH 31 AVE  3580 NORTH 31 AVE  LLYWOOD FL 33021  HOLLYWOOD FL 33021											
2. Principal Place of Business		3. Mail	3. Mailing Address				\ 10011001 (1) 60111 08111 00111	<b>00</b> 011 <b>11</b> 510 011		UUU1 UKU1 1601		
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State		City	City & State			4. F	4. FEI Number 65-1024505			pplied For		
Zip		- Country	Zip	ZipCoun			<b>5.</b> 10					
	6. Name	and Address of Curren	t Registere	d Agent			7. N	lame and Address of New Re	gistered Aç	ent		
						Name						
COTLER, MARILYN J 3580 NORTH 31 AVE				Street Address			ss (P.O. Bo	s (P.O. Box Number is Not Acceptable)				
HOLLYWO	OOD FL 330	21										
			**			City			FL	Zip Cod		
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. I am familiar with, and accept the obligations of registered agent.												
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				-		Election Campaign Fina     Trust Fund Contribution.			May Be I to Fees			
10.		OFFICERS ANI	DIRECTO	RS	11.		ADI	DITIONS/CHANGES TO OFFIC	ERS AND D	DIRECTOR	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	P COTLER, N 3580 NOR HOLLYWO			☐ Delete	TITLE NAME STREET, CITY-ST	ADDRESS				Change	Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		ADDRESS			<u>.</u>	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			`	☐ Delete	TITLE	ADDRESS	<u> </u>			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>		☐ Delete	TITLE NAME STREET /	ADDRESS - ZIP				□ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET / CITY-ST	ADDRESS - ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET / CHY-ST	ADDRESS - ZIP				Change	Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: