2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000096610

1. Entity Name

VISION GRAPHICS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
9900 STIRLING ROAD SUITE 218 COOPER CITY FL 33024	9900 STIRLING ROAD SUITE 218 COOPER CITY FL 33024

2. Principal Place of Business
581 S.E 13th st.

Suite, Apt. #, etc.
204

City & State
DANIA, FL.

Zip 33004   Country U.S.A

3. Mailing Address
581 S.E 13th st

Suite, Apt. #, etc.
204

City & State
DANIA, FL

Zip 33004   Country U.S.A

4. FEI Number
65-1050074

Applied For ☐
Not Applicable ☐

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

6. Name and Address of Current Registered Agent

TOVAR, ILEANA ARIAS ESQ.
9900 STIRLING ROAD
SUITE 218
COOPER CITY FL 33024

7. Name and Address of New Registered Agent

Name MARIA HERRERA

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

581 S.E 13th st # 204

City DANIA   FL   Zip Code 33004

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 _____   4/15/01

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		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALMET, HELY A 9900 STIRLING ROAD SUITE 218 COOPER CITY FL 33024	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRERA, MARIA S 9900 STIRLING ROAD SUITE 218 COOPER CITY FL 33024	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

CR2E034 (10/00)

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: _____   4/15/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #