

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

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90030 044 ***150.00

DOCUMENT # **P00000111975**

1. Entity Name

Haiti Vision Productions, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

75 North West 165 St
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 530992
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

N. Miami Beach, FL

City & State

Miami Shores, FL

4. FEI Number

65-1060488

Applied For

P-00000-111975
Not Applicable

Zip

33169

Country

U.S.A

Zip

33153

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

[Signature]

ERNST Jean

April 28, 2002

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 **President**
NAME **Ernst Jean**
STREET ADDRESS **75 NW 165 Street**
CITY-ST-ZIP **Miami Shores, FL 33169**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Vice-President**
NAME **Rodney Wilner**
STREET ADDRESS **75 NW 165 Street**
CITY-ST-ZIP **Miami, FL 33169**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Secretary**
NAME **Esther Jean**
STREET ADDRESS **75 NW 165 Street**
CITY-ST-ZIP **Miami, FL 33169**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

ERNST Jean *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28, 2002

Q010

Daytime Phone #

305-949-9553

CR2E034B (12/01)