

05-24-2002 91385 001 \*\*\*150.00

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

DOCUMENT # PO10000044676  
 1. Entity Name

Vision Sante Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 2911 S.E. Eagle Dr.  
 Suite, Apt. #, etc.

3. Mailing Address 2911 SE Eagle Dr.  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Port St. Lucie, FL  
 Zip 34984 Country USA

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 Zip 34984 Country USA

4. FEI Number 061615916  
 Applied For  Not Applicable

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 Colin Allen  
 Street Address (P.O. Box Number is Not Acceptable) 2911 SE Eagle Dr.  
 City Port St. Lucie FL Zip Code 34984

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) 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 P/T  
 NAME Colin Allen  
 STREET ADDRESS 2911 S.E. Eagle Dr.  
 CITY-ST-ZIP Port St. Lucie FL 34984

TITLE \_\_\_\_\_  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE D  
 NAME Jose Pintac  
 STREET ADDRESS 4475 Riverpines Ct.  
 CITY-ST-ZIP Tequesta FL 33469

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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)(f), 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 empowerment.

SIGNATURE: Colin Allen 4/30/02 (772) 475-6055  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)