

FILED
May 24, 2002 8:00 am
Secretary of State

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

City & State

Port St. Lucie FL

4. FEI Number

061615916

Applied For

Not Applicable

Zip

34984

Country

USA

Zip

34984

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

**DO NOT WRITE
IN THIS SPACE**

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 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
NAME
STREET ADDRESS
CITY-STATE-ZIP
*P/T
Colin Allen
2911 S.E. Eagle Dr.
Port St. Lucie FL 34984*

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
*D
Jose Pinal
4475 Riverpines Ct.
Tequesta FL 33469*

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

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 empowered.

SIGNATURE:

Colin Allen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

(772) 475-6055

Daytime Phone #

CR2E034B (12/01)