

FOR PROIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # *PD1000106978*

1. Entity Name

BROAD VISION GROUP, INC

03 APR -2 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1239 EAST NEWPORT CENTER DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

113

City & State

City & State

DEERFIELD BEACH, FLORIDA

Zip

Country

Zip

Country

33442

BROWARD

4. FEI Number

314808958

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

John Grandinetti

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

1239 EAST NEWPORT CENTER DRIVE

Suite 113

City

DEERFIELD BEACH

FL

Zip Code

33442

**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

John Grandinetti

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent Signature required when reinstating)

MARCH 30, 2003

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	<i>Director</i>
NAME	<i>John Grandinetti</i>
STREET ADDRESS	<i>1239 EAST NEWPORT CENTER</i>
CITY-ST-ZIP	<i>Suite 113</i>
TITLE	
NAME	
STREET ADDRESS	<i>DEERFIELD FLA 33442</i>
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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CITY-ST-ZIP	

500015176925
04/02/03--01055--003 **300.00

**DO NOT WRITE
IN THIS SPACE**

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:

John Grandinetti

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 30, 2003

DATE

Daytime Phone #

954 298-0360

954 298-0360

150 2/4/5

CR2E034B (12/01)

March 31, 2002

Please accept this letter as proof that we NEVER received our renewal form from the state. After speaking with someone from your reinstatement department I was advised that I should mail a check for \$300.00 fir the 32002& 2003 years. If I need to be reached please call me at 954-422-8535

Thanking you in advance for your help in this important matter

Sincerely

John Grandinetti
Broad Vision Group, Inc