

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

0112676
AV

DOCUMENT # P02000057417

1. Entity Name
VISION INVESTMENTS CORP. OF ORLANDO



03-17-2003 91059 030 ***150.00

Principal Place of Business
6606 KINGSPONTE PARKWAY
ORLANDO FL 32819

Mailing Address
6606 KINGSPONTE PARKWAY
ORLANDO FL 32819

has been changed

2. Principal Place of Business
10122 BRANDON CIRC
Suite, Apt. #, etc.

3. Mailing Address
10122 BRANDON CIRCLE
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
ORLANDO, FL
Zip
32836
Country
USA

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ORLANDO, FL
Zip
32836
Country
USA

4. FEI Number
02-0455753

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CHANG, PAULO
6606 KINGSPONTE PARKWAY
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name
CHANG, PAULO
Street Address (P.O. Box Number is Not Acceptable)
10122 BRANDON CIRCLE
City
ORLANDO
FL
Zip Code
32836

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01-20-2003

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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PRES.
PAULO CHANG
10122 BRANDON CIRCLE
ORLANDO FL 32836

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/03

Date

Daytime Phone #

CR2E034 (10/02)