

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90092 033 ***150.00

DOCUMENT # P02000057595

1. Entity Name
VISION DESIGN UNIFORM CORP.



Principal Place of Business
**221 NE 67TH STREET
MIAMI FL 33138**

Mailing Address
**221 NE 67TH STREET
MIAMI FL 33138**

2. Principal Place of Business

221 NE 67ST

Suite, Apt. #, etc.

3. Mailing Address

221 NE 67ST

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL3

Zip

33138

Country

MIAMI Dade

Zip

33138

Country

MIAMI Dade

4. FEI Number

36-4501069

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**JOSEPH, JOSEPH V
221 NE 67TH STREET
MIAMI FL 33138**

7. Name and Address of New 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. 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

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

TITLE **PD** ☐ Delete
NAME **JOSEPH, JOSEPH V**
STREET ADDRESS **221 NE 67TH STREET**
CITY-ST-ZIP **MIAMI FL 33138**

TITLE **VD** ☐ Delete
NAME **CHARLES, YVES**
STREET ADDRESS **221 NE 67TH STREET**
CITY-ST-ZIP **MIAMI FL 33138**

TITLE **SD** ☐ Delete
NAME **AUGUSTIN, BENITE**
STREET ADDRESS **221 NE 67TH STREET**
CITY-ST-ZIP **MIAMI FL 33138**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

Date

Daytime Phone #

3-24-03

CR2E034 (10/02)