

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1082

DOCUMENT # P02000074631

1. Entity Name  
VISION QWEST, INC.



FILED

04 MAR 26 PM 7:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
9897 NOB HILL LANE  
SUNRISE FL 33351

Mailing Address  
9897 NOB HILL LANE  
SUNRISE FL 33351

2. Principal Place of Business

3. Mailing Address

PO BOX 16081

REINSTATEMENT

☐ CHECK HERE IF MAKING CHANGES

07.04

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plantation FL

4. FEI Number

82-0556745

Applied For

Not Applicable

Zip

Country

Zip

Country

33318

Broward

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALMOND, JOSEPH  
9897 NOB HILL LANE  
SUNRISE FL 33351

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)

4/27/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete  
NAME VALMOND, JOSEPH  
STREET ADDRESS 9897 NOB HILL LANE  
CITY-ST-ZIP SUNRISE FL 33351

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

TITLE ☐ Delete  
NAME VALMOND, PAPIYON  
STREET ADDRESS 9897 NOB HILL LANE  
CITY-ST-ZIP SUNRISE FL 33351

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

TITLE ☒ Delete  
NAME XAVIER, OSEI M  
STREET ADDRESS 7081 NW 16TH ST APT 110  
CITY-ST-ZIP PLANTATION FL 33313

TITLE ☐ Change ☐ Addition  
NAME Shelina Valmond  
STREET ADDRESS 1852 Marshall Ave. #3  
CITY-ST-ZIP St. Paul, MN 55104

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

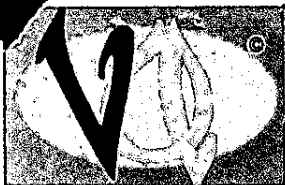
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-03

Date

Daytime Phone



P.O. Box 16081 • Plantation, Florida 33318 • Phone (954) 803-6175 • [www.VisionQwest.net](http://www.VisionQwest.net)

V  
i  
s  
i  
o  
n  
  
Q  
w  
e  
s  
t

Tuesday, March 16, 2004

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Document Number P02000074631

I would like to request reinstatement of this company, VisionQwest Inc. Since I did not receive my Annual Report, I am requesting that all fees be waived.

Enclosed please find payment for 2003 and 2004 and a copy of information previously filed. Thank you for your assistance.

Sincerely,

Joseph Valmond  
President & CEO