FILED

UNI	IFOR	M BUSINE	SS REPOR	RT (UBR))	Aug 25, 2003 8:00 am	Š
DOCUN 1. Entity Name NEO-VISSI	е		0101705	W			Secretary of State 08-25-2003 90110 022 ***158.75	٨
NEO-41301	ioiv and	JOF, INC.		V				
Principal Place		<u> </u>	Mailing Address 1821 SW 179 AVE		l			
MIRAMAR FL 3			MIRAMAR FL 33029					
2. Principal Pla	_		3. Mailing Address	ral T	SIAND	æ		
Suite, Apt. #, etc. Suite, Apt. #, etc.					<u> </u>		CHECK HERE IF MAKING CHANGES	
City & State			SUITE 2004 City & State				4. FEI Number Applied For	
MIAMI	FL	•	MIAMI FL	-			51 - 0426424 Not Applicable	
Zip 33131_		Country USA	7ip 33131	Cour	itry ISA		5. Certificate of Status Desired \$8.75 Additional Fee Required	
	and Address of Current F			N T. T		7. Name and Address of New Registered Agent		
META VIAM					Name JUAN MEZA			
MEZA, KIAM 1821 SW 179 AVE					Street Ad	dress (P.0	O Box Number is NotAcceptable) LAUGHTON ISLAND DR	
MIRAMAR FL 33029					SUITE 2005			
		_			City	MIAN	Zin Codo	
			the purpose of changing it	s register			d agent, or both, in the State of Florida. I am familiar with, and accept	
the obligation	ons of regist	ered agent.	OTAT	And -	-			
SIGNATURE	Signature, typed	or printed name of registered agent an	nd title if applicable (NO	TE: Registere	d Agent signatur	e required wi	JUL - 30 - Z00'3 when reinstating) DATE	
FIL	LE NOW!!	! FEE IS \$550.00				*	9. Election Campaign Financing \$5.00 May Be	
After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State							9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
10.		OFFICERS AND D		11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
	PD		☐ Delete	TITLE		<u>PD</u>	1 MEZA ☐ Change ☐ Addition	(23)
	MEZA, JU/ 1821 SW			NAM	ET ADDRESS	800 7041	CLAUGHTON ISLAND DR, SUITE 2005	34 (4
	MIRAMAR FL 33029					IMI FL 33131	(2E034 (4/03)	
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	MEZA, LUI			NAM	ET ADDRESS			
	100.00				-ST-ZIP			
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CITY-ST-ZIP					-ST-ZIP			
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NAME STREET ADDRESS				NAM STRE	E Et address			
CITY-ST-ZIP		, m,			-ST-ZIP			
TITLE			☐ Delete	TITLE	: T		☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filling 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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGN

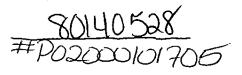
Delete

954-629-5501

Addition

☐ Change

Attachment Neo-Vission Group, Inc.



July 30, 2003 Miami FL

Uniform Business Report
Division of Corporations
PO Box 1500
Tallahassee FL 32302-1500
http://www.sunbiz.org

Dear Division of Corporations,

Attached you will find the 2003 Uniform Business Report (UBR) corresponding to the Neo-Vission Group, Inc. and a check for \$158.75 to cover the original cost since this is the first document we received. Please accept our payment for the original amount of \$150.00 plus \$8.75 for a Certificate of status instead of the \$550.00 fee.

If you have any questions, comments or concerns, please feel free to contact me immediately at 954.629.5501 or via email at <u>juan.meza@neovission.com</u>

Juan Meza President

Neo-Vission Group, Inc.