

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# PG4000093409

1. Entity Name

VISION D'EUROPA, INC  
2335 NW 107 Ave, Suite 2m57, Box 106  
MIAMI, FL 33172

Principal Place of Business

Mailing Address

2335 NW 107 Ave, Box 106, Suite 2m57  
MIAMI, FL 33172

2. Principal Place of Business

2335 NW 107 Ave

3. Mailing Address

Suite, Apt. #, etc.  
2m57, Box 106

Suite, Apt. #, etc.

City & State  
MIAMI, FL

City & State

4. FEI Number

650539627

Applied For  
Not Applicable

Zip  
33172

Country  
DADE

Zip

Country

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

JANE RANKIN

Name

KUBICKI-DRAPE

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

ONE EAST BROWARD BLVD

City

FL

Zip Code

FORT LAUDERDALE, FL 33301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1-11

TITLE P  
NAME ANIL LAL Pres.  
STREET ADDRESS 2335 NW 107 Ave  
CITY-ST-ZIP MIAMI, FL 33172

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 100004659091--4  
-10/30/01--01050--009

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 100004659091--4  
-10/30/01--01050--010

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/4/01 305 257350

CR2E034 (11/00)