

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90139 047 ***150.00

DOCUMENT # P95000022305

1. Entity Name

VISION RESTAURANTS, INC.

Principal Place of Business

Mailing Address

9001 S.W. 80TH AVENUE
 MIAMI FL 33156

9001 S.W. 80TH AVENUE
 MIAMI FL 33156-7433

2. Principal Place of Business

3. Mailing Address

9425 S.W. 40 ST.

1704 N.W. 7 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33165

Country

DADE

Zip

33125

Country

DADE

4. FEI Number

65-0568941

Applied For

Not Applicable

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

CARBALLO, JEFF D
 9001 S.W. 80TH AVENUE
 MIAMI FL 33156

Name

AARON AABA

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

1704 N.W. 7 STREET

City

MIAMI

FL

Zip Code

33125

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)

4/26/00
 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, 2000 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 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARBALLO, JEFF	
STREET ADDRESS	9001 S.W. 80TH AVE.	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANI, ZACHARIAH	
STREET ADDRESS	9001 S.W. 80TH AVE.	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRENNER, RICHARD	
STREET ADDRESS	18499 S.W. 79TH COURT	
CITY-ST-ZIP	MIAMI FL 33576	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KAYAL, RAYMOND	
STREET ADDRESS	6910 N.W. 12TH ST.	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LABOURDETTE, PEDRO	
STREET ADDRESS	8833 COLD SPRING ROAD	
CITY-ST-ZIP	POTOMAC MD	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT-DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AARON AABA	
STREET ADDRESS	1704 N.W. 7 STREET	
CITY-ST-ZIP	MIAMI, FL 33125	
TITLE	SECY-TREAS.-DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZACHARIAH MANI	
STREET ADDRESS	9425 S.W. 40 STREET	
CITY-ST-ZIP	MIAMI, FL 33165	
TITLE	VICE-PRESIDENT-DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAIG CHAYKIN	
STREET ADDRESS	1704 N.W. 7 STREET	
CITY-ST-ZIP	MIAMI, FL 33125	
TITLE	VICE-PRESIDENT-DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUSTAVO ARIZA	
STREET ADDRESS	9425 S.W. 40 STREET	
CITY-ST-ZIP	MIAMI, FL 33165	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

Date

305-638-4545

Daytime Phone #

CR2E034 (9/99)