2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
04-27-2001 90249 006 ***150.00

05033461

DOCUMENT # P95000028378

1. Entity Name

AMERICAN VISION FINANCIAL GROUP, INC.

Principal Place of Business	Mailing Address
500 E. BROWARD BLVD. #1100 FT. LAUDERDALE FL 33394	500 E. BROWARD BLVD. #1100 FT. LAUDERDALE FL 33394

643695

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
110 E. Broward Blvd	110 E. Broward Blvd
Suite, Apt. #, etc. #700	Suite, Apt. #, etc. #700
City & State Ft. Lauderdale, FL	City & State Ft. Lauderdale, FL.
Zip 33301 Country USA	Zip 33301 Country USA

4. FEI Number 65-0579699 ☐ 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
PETRUSHA, MICHAEL 500 E. BROWARD BLVD. #1100 FT. LAUDERDALE FL 33394	Name: Michael Petrusha Street Address (P.O. Box Number is Not Acceptable): 110 E. Broward Blvd #700 City: Ft. Lauderdale Zip Code: 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's 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 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PETRUSHA, MICHAEL 2045 N. HIBISCUS DR. N. MIAMI FL 33184	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ORLANDO, JOHN A 812 DIPLOMAT PKYW HALLANDALE FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDOLPHO, PETER D JR 16525 NE 26TH AVE. N MIAMI BEACH FL 33160	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition D Andolpho, Peter D Jr 900 Diplomat Pkwy Hallandale, FL 33009
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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: Michael E Petrusha - Michael Petrusha 800-945-3809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4/23/01 Daytime Phone #