

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90105 032 ***150.00

DOCUMENT # **P95000028378**

1. Entity Name

American Vision Financial Group, Inc.

044018

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

110 E. Broward Blvd

3. Mailing Address

110 E. Broward Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

700

700

City & State

City & State

Fort Lauderdale, FL

Fort Lauderdale, FL

Zip

Country

Zip

Country

33301

USA

33301

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0579699

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Michael Petruska

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

110 E. Broward Blvd

700

City

Fort Lauderdale FL

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 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) ☐

January 1 - May 1 Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Petrusha, Michael
2045 N. Hibiscus Dr.
O. Miami, FL 33181**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Orlando, John
812 Diplomat Pkwy
Hallandale, FL 33009**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Andolpho, Peter
900 Diplomat Pkwy
Hallandale, FL 33009**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like officers, directors, receivers or trustees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02 **954-**
523-5007

CR2E034B (12/01)