

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90199 046 ***150.00

DOCUMENT # P95000062044

1. Entity Name
VFS - VISION FINANCIAL SERVICES CORPORATION



Principal Place of Business
9952 SW 8TH ST., STE 128
MIAMI FL 33174
US

Mailing Address
9952 SW 8TH ST., STE 128
MIAMI FL 33174
US

2. Principal Place of Business

3. Mailing Address

9240 Sunset Drive
Suite, Apt. #, etc. 221

6938 SW 128 PL
Suite, Apt. #, etc.

City & State
MIAMI FLORIDA

City & State
MIAMI FLORIDA

Zip 33173 Country USA

Zip 33183 Country USA

4. FEI Number 65-0592633

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

PRADO, MARIO A
9952 SW 8TH ST., STE 128
MIAMI FL 33174

7. Name and Address of New Registered Agent

Name MARIO A. PRADO
Street Address (P.O. Box Number is Not Acceptable)
6938 SW 128 PLACE
City MIAMI FL 33183

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* REGISTERED AGENT 01-03-03
Signature, typed or printed name of registered agent and date of signature (Typed name required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME PRADO, MARIO A
STREET ADDRESS 861 SW 135 COURT
CITY-ST-ZIP MIAMI FL 33184 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TS
NAME PRADO, MARIO ANTONIO
STREET ADDRESS 861 S.W. 135 COURT
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-21-03

Date

Daytime Phone #

CR2E034 (10/02)