

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000070299

1. Entity Name

VISIONS FINANCIAL CONSULTANTS, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90107 042 ***150.00

0274458

Principal Place of Business
5394 SW 119TH AVENUE
FORT LAUDERDALE FL 33330

Mailing Address
5394 SW 119TH AVENUE
FORT LAUDERDALE FL 33330

00051808

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **65-0607242**
Applied For
Not Applicable

Zip

Country

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

PIEDRA, ORLANDO C MR
5394 SW 119TH AVENUE
FORT LAUDERDALE FL 33330

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	PIEDRA, ORLANDO C	
STREET ADDRESS	5394 SW 119TH AVENUE	
CITY-ST-ZIP	COOPER CITY FL 33330	
TITLE	DT	<input type="checkbox"/> Delete
NAME	PIEDRA, JACQUES A	
STREET ADDRESS	5394 SW 119TH AVENUE	
CITY-ST-ZIP	COOPER CITY FL 33330	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PIEDRA, JENNIFER	
STREET ADDRESS	5394 SW 119 AVE	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	V.P. <i>Clara G.</i>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	320 Racquet Club Rd #201	
CITY-ST-ZIP	Weston FL 33326	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Clara G. Piedra	
STREET ADDRESS	5394 SW 119 AVE	
CITY-ST-ZIP	Cooper City FL 33330	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elizabeth Lozzeri	
STREET ADDRESS	10551 W. Broward Blvd #207	
CITY-ST-ZIP	Plantation FL 33324	
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

4/30/01

Date

954-252-9322

Daytime Phone #

CR2E034 (10/00)