

AMENDED

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

**FILED**  
**Aug 07, 2002 8:00 am**  
**Secretary of State**

08-07-2002 90202 001 \*\*\*\*61.25  
08-07-2002 90202 002 \*\*\*550.00

DOCUMENT # **99600000 3694**

1. Entity Name  
**VISION CONSTRUCTION AND RESTORATION, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>2450 NE Miami Gardens Dr.</b>		3. Mailing Address <b>2450 NE Miami Gardens Dr.</b>	
Suite, Apt. #, etc. <b>Second Floor</b>		Suite, Apt. #, etc. <b>Second Floor</b>	
City & State <b>North Miami Beach, FL</b>		City & State <b>North Miami Beach, FL</b>	
Zip	Country	Zip	Country

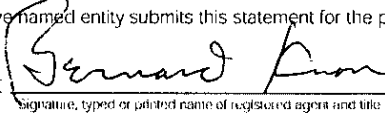
DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0639459</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <b>Bernard Kron</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>20223 NE 15th Court</b>	
City <b>North Miami Beach</b>	Zip Code <b>FL 33179</b>

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.

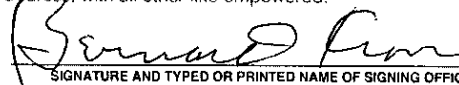
SIGNATURE  DATE **8/5/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VSP Bernard Kron 20223 NE 15th Court N. Miami Beach, FL 33179</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TS Ana Maria Kron 20223 NE 15th Court N. Miami Beach, FL 33179</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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 empowered.

SIGNATURE:  DATE **8/5/02** DAYTIME PHONE # **(305) 655-9995**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR