

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 03, 2002 8:00 am**  
**Secretary of State**

09-03-2002 90170 030 \*\*\*150.00

**DOCUMENT # P96000060339**

**1. Entity Name**  
**ENVISION COMMUNICATIONS, INC.**

**Principal Place of Business**

**11077 BISCAYNE BLVD**  
**STE 205**  
**MIAMI FL 33161**

**Mailing Address**

**11077 BISCAYNE BLVD**  
**STE 205**  
**MIAMI FL 33161**

**2. Principal Place of Business**

**10 NW Lejeune Road**

**Suite, Apt. #, etc.**  
**Suite 310**

**City & State**  
**Miami FL**

**Zip**  
**33126**

**Country**  
**USA**

**3. Mailing Address**

**10 NW Lejeune Road**

**Suite, Apt. #, etc.**  
**Suite 310**

**City & State**  
**Miami, FL**

**Zip**  
**33126**

**Country**  
**USA**



DO NOT WRITE IN THIS SPACE

**4. FEI Number** **65-0686906**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**BROWN, ALAN N**  
**11077 BISCAYNE BLVD**  
**STE 205**  
**MIAMI FL 33161**

**7. Name and Address of New Registered Agent**

**Name**

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

**10 NW Lejeune Road**

**Suite 310**

**City**  
**Miami**

**FL**

**Zip Code**  
**33126**

**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 typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**8/22/02**  
**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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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**

**TITLE** **PTD** ☐ **Delete**  
**NAME** **BROWN, ALAN N**  
**STREET ADDRESS** **11077 BISCAYNE BLVD # 205**  
**CITY-ST-ZIP** **MIAMI FL 33161**

**TITLE** **S** ☐ **Delete**  
**NAME** **HELMAN, RYAN T**  
**STREET ADDRESS** **11077 BISCAYNE BLVD #205**  
**CITY-ST-ZIP** **MIAMI FL 33161**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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**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

**8/22/02**  
**DATE**

**305-843-8858**  
**Daytime Phone #**

CR2E034 (4/02)

Attachment  
Doc # 096000060339



EnVision Communications Inc.  
Advertising • Publishing • Gr

977921

August 22<sup>nd</sup> 2002

Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

Envision Communications, Inc. did not receive the 2002 Uniform Business Report for the \$150.00 payment. Per my conversation with the Department of State, please accept this letter as proof of acknowledgement that the invoice was not received. Enclosed is a full payment of \$150.00 for our filing fee to the state. If you have any questions, please feel free to contact me at 305-893-8858 ext. 205.

Regards,

Alan Brown

President

Envision Communications, Inc.