

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000080143

1. Entity Name

VISION LAB TELECOMMUNICATIONS, INC.

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90026 025 ***150.00

Principal Place of Business

Mailing Address

~~605 LINCOLN RD~~

~~605 LINCOLN RD~~

~~STE 310~~

~~STE 310~~

MIAMI FL 33139

MIAMI FL 33139

US

US



2. Principal Place of Business

3. Mailing Address

1680 MICHIGAN AVE.

1680 MICHIGAN AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 1014

SUITE 1014

City & State

City & State

MIAMI BEACH, FL.

MIAMI BEACH, FL.

Zip

Country

Zip

Country

33139

U.S.

33139

U.S.

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~EL-GAZZAR, AMIN~~

~~605 LINCOLN ROAD~~

~~SUITE 310~~

MIAMI FL 33139

Name

~~EL-GAZZAR, AMIN~~

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

1680 MICHIGAN AVE., SUITE 1014

City

MIAMI BEACH

FL

Zip Code

33139

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, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPCE
EL-GAZZAR, AMIN
~~605 LINCOLN ROAD, SUITE 310~~
MIAMI BEACH FL 33139 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPCEO
EL-GAZZAR, AMIN
1680 MICHIGAN AVE., SUITE 1014
MIAMI BEACH, FL. 33139 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
JUNCADELLA, MARIANO
270 CRAW WOOD DRIVE
KEY BISCAYNE FL 33141 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO
BRAZER, JUDD
295 NW 156 LN
~~PEMBROKE PINES FL 33028~~ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO
BRAZER, JUDD
13314 SW 40th STREET
DAVIE, FL. 33330 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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

3/8/02

Date

305-534-1812

Daytime Phone #

CR2E034 (9/01)