2001 UNIFORM BUSINESS REPORT (UBR) FILED May 03, 2001 8:00 am Secretary of State DOCUMENT # **P97000058538** 1. Entity Name ENVISION USA, INC. 05-03-2001 90933 023 ***150.00 Principal Place of Business Mailing Address 2860 NW 72ND AVE 2860 NW 72ND AVE MIAMI FL 33122 **MIAMI FL 33122** 2. Principal Place of Business 3. Mailing Address **→17** N. /SHORE Dr 1717 N. BAUSHORE DY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 林 リ52 # 1152 City & State City & State 4. FEI Number Applied For 65-0765053 119121 41 A L Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 15A 3132 usa Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FACWART, RAJEST KALWANI, RAJESH Street Address (P.O. Box Number is Not Acceptable) 2860 NW 72ND AVE BOUSHORE **MIAMI FL 33122** Zip Code 132 llarlı 8. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. DRESIDENT) SIGNATURE typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PTD てただらしひのとう Addition Delete TITLE ☐ Change TITLE KALWANI, RAJESH HESTERS, IHAWAY NAME NAME 2860 NW 72ND AVE STREET ADDRESS STREET ADDRESS 1717 M. BAYSHORE DY. # 1152 CITY-ST-ZIF MIAMI FL 33122 CITY-ST-ZIP MIANTI FL 33/32 Addition ☐ Delete TITI F ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST- 7IP ☐ Delete TITLE ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 an address, with all other like empowered. changed, or on an attachment w SIGNATURE:

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR