FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Aug 07, 2003 8:00 am Secretary of State

DOCUMENT # P976  1. Entity Name  ENVISION	· · · · · · · · · · · · · · · · · · ·	08-07-2003 90121 0	44 ***150.00		
DO NOT WR	ITE IN THIS SI	PACE			
2. Principal Place of Business 1717 N. BAYSHORE DRIVE	3. Mailing Address	ORE DRIVE			
Suite, Apt. #, etc. #1(52	uite, Apt. #, etc. Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State MIAMI, FL	City & State MIAMI PL	ス <del>ラ</del> 乗ら シンタック	4. FEI Number 650765053	Applied For Not Applicable	
33132 Country USA	<sup>zin</sup> 33132	Country		8.75 Additional se Required	
7. Name and Address of Current Registered Agent  Name RATESH   LALWAN					
DO NOT WRITE  Street Address (			P.O. Box Number is Not Acceptable) BAYSHURE PRIVE		
IN THIS SPACE			¥1152		
		City MIAN		Zig Cods 2	
<ol><li>The above named entity submits this stater the obligations of registered agent.</li></ol>	ment for the purpose of changing its	registered office or register	red agent, or both, in the State of Florida. I am fam	iliar with, and accept	
SIGNATURE Sometime, typed or primed name of register	ed agent and title if applicable. (NOT	E. Registered Agent signature required	\$/5/Q3	<u>.                                    </u>	
January 1 - May 1 Fee is \$150. After May 1, Fee is \$550.00	.00	· · · · · · · · · · · · · · · · · · ·	9. Election Campaign Financing	\$5.00 May Be	
Amended UBR is \$61.25 Make Check Payable to Florida Departm	sent of State S AND DIRECTORS		Trust Fund Contribution.	Added to Fees	
TO PARIO		TITLE			
NAME RASESH KALW. STREET ADDRESS 1717 N. BAYSHURS	F PRIVE #1152	NAME STREET ADORESS		CR2E034B (12/02)	
CITY-ST-ZIP MIAMI PL 331	32	CITY-ST-ZIP	<u> </u>		
NAME STREET ADDRESS		NAME STREET ADDRESS	•	88	
CITY-SI-ZIP		CITY-ST-ZIP			
NAME		TITLE NAME			
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	DO NOT WRIT	Έ	
TITLE NAME		TITLE NAME	IN THIS SPAC	E	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP			
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NAME STREET ADDRESS		NAME STREET ADDRESS			
CITY-SI-ZIP		CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
NAME STREET ADDRESS		NAME STREET ADDRESS			
CITY-ST-ZIP		CHY-ST-ZIP			
12. 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 10 or on an attachment with an address, with all other like empowered.					
SIGNATURE:			8 5 03 305 41	A8577	
SIGNATURE AND TY	PED OR PRINTED MAKE OF SIGNING OFFICER	OR DIRECTOR	<del></del>	me Phone #	

Attach ment 86136857

## ENVISION USA, INC.

1717 North Bayshore Dr. Suite 1152 Miami, Fl 33132 Tel: 305-447-8577

Fax: 305-447-8587



August 5, 2003

Florida Department of State
Division of Corporation
P.O.Box 1500
Tallahassee, FL 32302-1500

Envision USA, Inc. 1717 North Bayshore Drive #1152 Miami, FL 33132 RE: P97000058538

EIN: 650765053

Dear Sir or Madam,

I have contacted your organization regarding my companies UBR status for the year 2003 because I received a notice of delinquency. I advised one of your representatives that I sent my report along with payment back in the end of March, but unfortunately I did not make a copy of the first form I sent out. They advised me to send a letter along with the original fee of \$150.00. Please bring my company up to date. Enclosed is a payment for 2003.

Sincerely,

Rick Kalwani Officer

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