

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90115 012 ***158.75

DOCUMENT # P97000069274

1. Entity Name
SHOP VISION, INC.



Principal Place of Business
17096 COLLINS AVE
#D605
SUNNY ISLES BCH FL 33160

Mailing Address
8201 NW 66 STREET
SUITE 3
MIAMI FL 33166



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
8249 NW 36 Street
Suite 104

3. Mailing Address
Suite, Apt. #, etc.
Suite 104

City & State
Miami, FL

City & State

Zip 33166 Country US

Zip Country

4. FEI Number 59-3461886

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATOS, CLAUDIA
17096 COLLINS AVE
#D605
SUNNY ISLES BCH FL 33160

Name
Street Address (P.O. Box Number is Not Acceptable)
8249 NW 36 Street
Suite 104
City Miami FL Zip Code 33166

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)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDS
NAME MATOS, CLAUDIA S
STREET ADDRESS 17096 COLLINS AVE #D605
CITY-ST-ZIP SUNNY ISLES FL 33160 ☐ Delete

TITLE
NAME
STREET ADDRESS 8249 NW 36 Street #104
CITY-ST-ZIP Miami, FL - 33166 ☐ Change ☐ Addition

TITLE D
NAME BEGA, ALDO
STREET ADDRESS 17096 COLLINS AVE #D605
CITY-ST-ZIP SUNNY ISLES BCH FL 33160 ☐ Delete

TITLE
NAME
STREET ADDRESS 8249 NW 36 Street #104
CITY-ST-ZIP Miami, FL - 33166 ☐ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDIA MATOS 01/14/03 305-594-0410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)