# FOR PROFIT CORPORATION
# UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 24, 2002 8:00 am**
**Secretary of State**
05-24-2002 91322 006 ***150.00

DOCUMENT # P97000099848

1. Entity Name: VISION PROGRAMS, Inc

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business: 4026 ~~NE Lighthous~~ NE 26th Ave
Suite, Apt. #, etc.
City & State: Lighthouse Point, FL
Zip: 33064 Country: USA

3. Mailing Address: 4026 NE 26th Ave
Suite, Apt. #, etc.
City & State: Lighthouse Point, FL
Zip: 33064 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65 6248582 — Applied For / Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City — FL — Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**January 1 - May 1 Fee is $150.00**
**After May 1, Fee is $300.00**
**Amended UBR is $61.25**
**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 D<br>NAME Mondelsohn, Edith C (No change)<br>STREET ADDRESS 4051 NE 26th Ave<br>CITY-ST-ZIP Lighthouse Point, FL 33064 | | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |
| TITLE D<br>NAME Mondelsohn, David J (No change)<br>STREET ADDRESS 117 Stanton St #6<br>CITY-ST-ZIP New York, NY 10002 | | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | **DO NOT WRITE IN THIS SPACE** |
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CORPORATE (12/01)

3. 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 on an attachment with an address, with all other like empowered.

David Mendelsohn (V.P.) Vision Programs, Inc. 4/24/02 212 2546802
David Mendelsohn