

2002 ~~1012~~ FORM BUSINESS REPORT (UBR)

DOCUMENT # P98000032043

1. Entity Name
VISIONS ELECTRONICS, INC.

FILED

03 MAR 31 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1942 JAPONICA RD.
WINTER PARK FL 32792-1810

Mailing Address
1942 JAPONICA RD.
WINTER PARK FL 32792-1810



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEE Number 59-3518985

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

GAVILANES, JUAN C
1942 JAPONICA RD.
WINTER PARK FL 32792-1810

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-19-03

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 P
NAME GAVILANES, JUAN C
STREET ADDRESS 1942 JAPONICA RD.
CITY-ST-ZIP WINTER PARK FL 32792-1810

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME GAVILANES, BERNARDINO
STREET ADDRESS 3051 S. ATLANTIC AVE. #606
CITY-ST-ZIP DAYTONA BEACH FL 32118

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME GAVILANES, LUIS M
STREET ADDRESS 3787 MAPLE GROVE ST.
CITY-ST-ZIP PORT ORANGE FL 32119

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME GAVILANES, KHARINA
STREET ADDRESS 1942 JAPONICA RD.
CITY-ST-ZIP WINTER PARK FL 32792-1810

TITLE
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CITY-ST-ZIP

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TITLE
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STREET ADDRESS
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 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

Date

Daytime Phone #

11-1-02

CR2E034 (9/01)