

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90245 010 ***150.00

DOCUMENT # P98000053563

1. Entity Name
VISION ENTERTAINMENT GROUP CORP.

Principal Place of Business
4410 NW 13TH STREET
FORT LAUDERDALE FL 33313

Mailing Address
4410 NW 13TH STREET
FORT LAUDERDALE FL 33313



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4410 NW 13TH ST
 Suite, Apt. #, etc.

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

City & State
Lauderhill FLA
 Zip
33313 Country
Broward

City & State
 Zip
 Country

4. FEI Number
65-0844267

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

AMERILAWYER
4410 NW 13TH STREET
FORT LAUDERDALE FL 33313

7. Name and Address of New Registered Agent

Name
Amerilawyer
 Street Address (P.O. Box Number is Not Acceptable)
345 ALMERIA AVE
 City
Coral Gables FL Zip Code
33134

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)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FARROW, JOE W 4410 NORTHWEST 13TH STREET LAUDERHILL FL 33313	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TYLER, RUTH 4410 NORTHWEST 13TH STREET LAUDERHILL FL 33313	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KIGHT, ALBERT 4410 NORTHWEST 13TH STREET LAUDERHILL FL 33313	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KIGHT, RUENETTE 4410 NORTHWEST 13TH STREET LAUDERHILL FL 33313	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FARROW, GWENDOLYN H 4410 NORTHWEST 13TH STREET LAUDERHILL FL 33313	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD KINNON, LESTER 16300 NE 19 AVE NORTH MIAMI BCH FL 33162	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Gwendolyn Farrow 4410 N. W. 13th St	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
↓	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Ruth Tyler Same ↑	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
↓	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

JOE W. FARROW
 Signature and Typed or Printed Name of Signing Officer or Director

Date

Daytime Phone #

CR2E034 (9/01)