

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000011731

1. Entity Name

VISION FEST PRODUCTIONS, INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90066 047 \*\*\*150.00

Principal Place of Business

17096 COLLINS AVENUE  
SUITE D 104  
N MIAMI BEACH FL 33161

Mailing Address

17096 COLLINS AVENUE  
SUITE D 104  
N MIAMI BEACH FL 33160-3680

2. Principal Place of Business

HOME

3. Mailing Address

17096 COLLINS AVE

Suite, Apt. #, etc.

Suite Apt. #, etc.

City & State

SUNNY ISLES BEACH

City & State

FI

4. FEI Number

593625647

Applied For

Not Applicable

Zip

33160

Country

USA

Zip

33160

Country

USA

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

VALDES, JUAN F  
17096 COLLINS AVENUE  
SUITE D 104  
N MIAMI BEACH FL 33161

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)

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, 2000 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 ☐ Delete  
NAME D  
STREET ADDRESS VALDES, JUAN F  
CITY-ST-ZIP 17096 COLLINS AVENUE SUITE D104  
N MIAMI BEACH FL 33161

TITLE ☐ Change ☐ Addition  
NAME VP  
STREET ADDRESS JUAN VALDES F  
CITY-ST-ZIP 17096 COLLINS AVE SUITE D - 104  
N. MIAMI BEACH, FL 33160

TITLE ☐ Delete  
NAME PRESIDENT  
STREET ADDRESS JOSE PEREZ  
CITY-ST-ZIP 17096 COLLINS AVE SUITE D-104  
N. MIAMI BEACH, FL 33160

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-00

305-944-1009

Date

Daytime Phone #

CR2E034 (9/99)