

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90304 033 ***150.00

0403098

DOCUMENT # P99000023301

1. Entity Name
VISIONGEM, INC.

Principal Place of Business
**P.O. BOX 813969
HOLLYWOOD FL 33081**

Mailing Address
**P.O. BOX 813969
HOLLYWOOD FL 33081**

2. Principal Place of Business
~~P.O. Box 813969~~

3. Mailing Address
~~Same~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Hollywood

City & State

Zip
33081 Country
FL

Zip Country

4. FEI Number **65-0905726**

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

**SIDOROVSKAYA, SVETLANA
3600 VAN BUREN ST., #207
HOLLYWOOD FL 33021**

Name **Paul Coppucci (- President -)**
Street Address (P.O. Box Number is Not Acceptable)
3600 Van Buren St # 207
City **Hollywood** FL Zip Code **33021**

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

(NOTE: Registered Agent Signature required when reinstating)

3/20/2001
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, 2001 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 **VD** ☒ Delete
NAME **SIDOROVSKAYA, SVETLANA**
STREET ADDRESS **3600 VAN BUREN ST., #207**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

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

TITLE **D** ☐ Delete
NAME **CAPPUCCI, PAUL**
STREET ADDRESS **3600 VAN BUREN ST., #207**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: **Svetlana Sidorovskaya**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul Coppucci **3/20/2001** **954 9659871**
Date Daytime Phone #

CR2E034 (10/00)