

6/16/01

2000 UNIFORM BUSINESS REPORT (UBR)DOCUMENT #: **P99000036462**

Entity Name

Vision in Plannning, Inc.

d/b/a VIP

Principal Place of Business

Mailing Address

1717 N. Bayshore Dr.

Suite 2839

Miami, FL 33132

Same

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0915169

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

Elena M. Rosich (Stinson)

7943 SW 104 St.

Apt. C-111

Miami, FL 33156

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P- Sallie Anne Marvil

1717 N. Bayshore Dr., Suite 2839

Miami, FL 33132

☒ Change ☐ Addition☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

vp- Marion M. Jacques

7200 SW 110 Ter.

Miami, FL 33156

☒ Change ☐ Addition☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

S/T - Elena M. Rosich

7943 SW 104 ST., Apt. C-111

Miami, FL 33156

☒ Change ☐ Addition☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 an other like empowered.

SIGNATURE: *Elena M. Rosich* Elena M. Rosich

June 12, 2000 (905) 665-6144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

CR2634 (9/99)