

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000036462**1. Entity Name
VISION IN PLANNING, INC.

Principal Place of Business

1717 N BAYSHORE DRIVE
STE 2839
MIAMI
33132

FL

Mailing Address

1717 N BAYSHORE DRIVE
STE 2839
MIAMI
33132

FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0915169

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STINSON ELENA ROSICH
7943 SW 104TH STREET
APT C-444
MIAMI
33156

FL

7. Name and Address of New Registered Agent

Name

ROSICH ELENA M.

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

7943 SW 104TH STREET

APT C-111

City

MIAMI

FL

Zip Code
33156

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 **ELENA M. ROSICH****04/30/2001**

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, 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

TITLE ST ☐ Delete
NAME ROSICH ELENA M
STREET ADDRESS 7943 SW 104TH STREET APT C-111
CITY-ST-ZIP MIAMI FL 33156TITLE D ☒ Delete
NAME STINSON ELENA ROSICH
STREET ADDRESS 7200 S.W. 110TH TERR.
CITY-ST-ZIP MIAMI FL 33156TITLE VP ☐ Delete
NAME JACQUES MARION M
STREET ADDRESS 7200 SW 110TH TERRACE
CITY-ST-ZIP MIAMI FL 33156TITLE P ☐ Delete
NAME MARVIL SALLIE ANNE
STREET ADDRESS 1717 N BAYSHORE DRIVE STE 2839
CITY-ST-ZIP MIAMI FL 33132TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: **MARION M. JACQUES**

VP

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)