

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046703

1. Entity Name

NEW VISION GROUP CORP.

FILED

May 07, 2000 8:00 am
Secretary of State

05-07-2000 90028 004 ***150.00

Principal Place of Business 9619 FOUNTAINBLEAU BOULEVARD SUITE 416 MIAMI FL 33172	Mailing Address 9619 FOUNTAINBLEAU BOULEVARD SUITE 416 MIAMI FL 33172-6871
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8373 NW 74 St	3. Mailing Address 8373 NW 74 St
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI - FL	City & State MIAMI
Zip 33166	Zip 33166
Country USA	Country USA

4. FEI Number 65-0924434	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134	
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7. Name and Address of New Registered Agent	
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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD IGARASHI, GILBERTO G 9619 FOUNTAINBLEAU BOULEVARD MIAMI FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DE LA SOTA, MIRISABEL A 9619 FOUNTAINBLEAU BOULEVARD MIAMI FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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] 204588
305-592
Date _____ Daytime Phone # _____