

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000055583

1. Entity Name
VISION ADVISORS INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90112 001 ***150.00

Principal Place of Business
C/O LEOB, BLOCK & PARTNERS LLP
505 PARK AVE.
NEW YORK, NY 10022

Mailing Address
C/O LEOB, BLOCK & PARTNERS LLP
505 PARK AVE.
NEW YORK NY 10022-1106

946428



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
NRAI SERVICES, INC.

Suite, Apt. #, etc.
526 E. Park Avenue

3. Mailing Address

Suite, Apt. #, etc.

City & State
Tallahassee, Florida

City & State

4. FEI Number
50-3585191

Applied For
Not Applicable

Zip
32301

Country
U.S.A.

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

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

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)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NATAN PEISACH C/O 505 PARK AVENUE 9TH FLOOR NEW YORK, NY 10022 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALBERTO PEISACH C/O 505 PARK AVENUE 9TH FLOOR NEW YORK, NY 10022 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MONICA PEISACH C/O 505 PARK AVENUE 9TH FLOOR NEW YORK, NY 10022 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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

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

Date _____ Daytime Phone # _____

CR2E034 (9/99)