

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90528 037 ***150.00

DOCUMENT # P99000055583

1. Entity Name

VISION ASSET MANAGEMENT, INC.



Principal Place of Business

NRAI SERVICES, INC.

526 PARK AVE.

TALLAHASSEE FL 32301

Mailing Address

C/O LEOB. BLOCK & PARTNERS LLP

506 PARK AVE.

NEW YORK NY 10022



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

50-3585191

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **PEISACH, NATAN**
CITY-ST-ZIP **%505 PARK AVE. 9TH FLOOR**
NEW YORK NY 10022

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1180 E. Hallandale Beach Blvd., Suite C**
CITY-ST-ZIP **Hallandale, FL 33009**

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **PEISACH, ALBERTO**
CITY-ST-ZIP **%505 PARK AVE. 9TH FLOOR**
NEW YORK NY 10022

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1180 E. Hallandale Beach Blvd., Suite C,**
CITY-ST-ZIP **Hallandale, FL 33009**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **PEISACH, MONICA**
CITY-ST-ZIP **%505 PARK AVE. 9TH FLOOR**
NEW YORK NY 10022

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1180 E. Hallandale Beach Blvd., Suite C,**
CITY-ST-ZIP **Hallandale, FL 33009**

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **BERLLAUSKY, GREGORIO**
CITY-ST-ZIP **C/O 505 PARK AVE 9TH FLOOR**
NEW YORK NY 10022

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1180 Hallandale Beach Blvd., Suite C,**
CITY-ST-ZIP **Hallandale, FL 33009**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment to this report, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Alberto Peisach, President April 7, 2003

Date

Daytime Phone #

CR2E034 (10/02)