

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90059 002 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000074166

1. Entity Name
BANKVISION CONSULTING SERVICES, INC.

Principal Place of Business
2100 PONCE DE LEON BLVD
SUITE 950
CORAL GABES FL 33134

Mailing Address
2100 PONCE DE LEON BLVD
SUITE 950
CORAL GABES FL 33134

2. Principal Place of Business
60 444 BRICKELL AVENUE

3. Mailing Address
60 444 BRICKELL AVENUE

Suite, Apt. #, etc.
Suite 514

Suite, Apt. #, etc.
Suite 514

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip **33131** **Country** **USA**

Zip **33131** **Country** **USA**

4. FEI Number **65-0942947**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MESTRE, CEASAR
7600 WEST 20TH AVENUE
SUITE 220
HIALEAH FL 33016

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 ☐ Delete
NAME **PSD**
STREET ADDRESS **EWING, EDWIN E**
CITY-ST-ZIP **2100 PONCE DE LEON SUITE 950**
CORAL GABES FL 33134

☒ Change ☐ Addition
TITLE
NAME **60 444 Brickell Avenue - Suite 514**
STREET ADDRESS **MIAMI, FL 33131**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **RHINEHART, CHARLES D**
CITY-ST-ZIP **2100 PONCE DE LEON BLVD STE 950**
CORAL GABES FL 33134

☒ Change ☐ Addition
TITLE
NAME **60 444 Brickell Avenue - Suite 514**
STREET ADDRESS **MIAMI, FL 33131**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

☐ Change ☐ Addition
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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: *Edwin E. Ewing*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02
Date

Daytime Phone #

CR2E034 (9/01)