

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State
 04-28-2000 90048 002 ***158.75

DOCUMENT # P99000089979

1. Entity Name

VISION MARKETING IMPORT & EXPORT, INC.

Principal Place of Business

500 NE 2ND ST., APT. 215
 DANIA FL 33004

Mailing Address

500 NE 2ND ST., APT. 215
 DANIA FL 33004-3376

2. Principal Place of Business

4699 N. Federal HWY

3. Mailing Address

4699 N. Federal HWY

Suite, Apt. #, etc.

105 D

Suite, Apt. #, etc.

105 D

City & State

POMPANO BEACH

City & State

POMPANO BEACH

Zip

33064

Country

USA

Zip

33064

Country

USA

6. Name and Address of Current Registered Agent

ZANATTA, CLOVIS A
 500 NE 2ND ST., APT. 215
 DANIA FL 33004

7. Name and Address of New Registered Agent

Name

CLOVIS ANTONIO ZANATTA

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

500 NE 2nd ST. APT # 215

City DANIA -

FL

Zip Code 33004

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01/04/2000

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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
 NAME ZANATTA, CLOVIS A
 STREET ADDRESS 500 NE 2ND ST., APT. 215
 CITY-ST-ZIP DANIA FL 33004

TITLE V ☐ Delete
 NAME ARAUJO, LINDALVA M
 STREET ADDRESS 500 NE 2ND ST., APT. 215
 CITY-ST-ZIP DANIA FL 33004

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/04/2000 (954) 942-6695

CR20004 10/00