

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000089979

1. Entity Name

VISION MARKETING IMPORT & EXPORT, INC.

FILED

May 01, 2001 8:00 am
Secretary of State

05-01-2001 90089 016 ***158.75

Principal Place of Business

4699 N FEDERAL HWY
105 D
POMPANO BEACH FL 33064
US

Mailing Address

4699 N FEDERAL HWY
105 D
POMPANO BEACH FL 33064
US

2. Principal Place of Business

4699 N. Federal HWY

3. Mailing Address

Suite, Apt. #, etc.

City & State

POMPANO BEACH FL

City & State

4. FEI Number 65-0975362

☒ Applied For
☐ Not Applicable

Zip

Country

33064

US

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

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/24/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 #

04/24/01

CR2E034 (10/00)