

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90048 050 ***158.75

DOCUMENT # **S03670**

1. Entity Name
VISION INDUSTRY PRODUCTS, INC.

Principal Place of Business 6977 NW 82 AVE SUITE 200 MIAMI FL 33166	Mailing Address 6977 NW 82 AVE SUITE 200 MIAMI FL 33166
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10605 NW 37 Terrace	3. Mailing Address 10605 NW 37 Terrace
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Miami, FL	City & State Miami, FL
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4. FEI Number 65-0218329	Applied For <input type="checkbox"/> Not Applicable
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Zip 33178	Country Dade	Zip 33178	Country Dade	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROTH, LEON
13701 S W 12TH ST.
SUFFOLK BUILDING #A
PEMBROKE PINES FL 33027

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ 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 Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input checked="" type="checkbox"/> Delete	P ENGLE, GAYLE 11340 SW 156 AVE. MIAMI FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	V ROTH, LEON 13701 SW 12TH ST. PEMBROKE PINES FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> Delete	ST PLAZA, JULIAN E 4101 PINE TREE DR 1715 MIAMI FL 33140	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	P PLAZA, JULIAN E. 4101 PINE TREE DRIVE 1715 Miami Beach, FL 33140
<input type="checkbox"/> Delete	D ENGLE, AL 11340 S W 156 AVE MIAMI FL 33196	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	ST GLORIA R. DUQUE 10605 NW 37 TERRACE MIAMI, FL 33178
<input type="checkbox"/> Delete		<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: *Al Engle* **REQUIRED** **Engle** 3/13/02 (305) 591-5828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)