

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **A98000001665**

1. Entity Name
VISION INTERNATIONAL HOLDINGS, LTD.



FILED

03 APR 15 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**1601 SAWGRASS CORP. PARKWAY, #420
SUNRISE FL 33323**

Mailing Address
**1601 SAWGRASS CORP. PARKWAY, #420
SUNRISE FL 33323**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number **65-0854247**

Applied For

Not Applicable

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

**CUZA, JESUS E ESQ
1601 SAWGRASS CORP. PARKWAY, #420
SUNRISE FL 33323**

Name

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

**300016082043
04/15/03--01087--020 **141.25**

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.

DATE

9. Capital Contributions
as Shown on record. **\$1,000.00**

10. Amount of Capital Contributions
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P96000103520**
NAME **PREFERRED VISION CARE, INC.**
STREET ADDRESS **1601 SAWGRASS CORP. PARKWAY, #420**
CITY-ST-ZIP **SUNRISE FL 33323**

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **JOSEPH P. ANTINE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/9/03
Date

954-267-0770
Daytime Phone #

CR2E003 (10/02)

001377 AT