

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jun 20, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # F98000001029**

1. Entity Name  
**VISION SELECT, INC.**

Principal Place of Business 3701 S CONGRESS AVE  LAKE WORTH FL 33461 US	Mailing Address 3701 S CONGRESS AVE  LAKE WORTH FL 33461 US
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2. Principal Place of Business 3801 S CONGRESS AVE  Suite, Apt. #, etc.	3. Mailing Address 3801 S CONGRESS AVE  Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State LAKE WORTH FL	City & State LAKE WORTH FL	4. FEI Number <b>65-0865828</b>	Applied For <input type="checkbox"/>
Zip 33461	Country US	Zip 33461	Country US

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

ZIFRONY MATTHEW ESQ.  
 110 SOUTHEAST 6TH STREET  
 15TH FLOOR  
 FORT LAUDERDALE FL 33301 US

**7. Name and Address of New Registered Agent**

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 **MATTHEW ZIFRONY, ESQ.**

**06/20/2001**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MUSA MARCO 3711 S CONGRESS AVE LAKE WORTH FL 33461 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MUSA MARC A 3711 SOUTH CONGRESS AVENUE LAKE WORTH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST MUSA MARCO 3801 S CONGRESS AVE LAKE WORTH FL 33461 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MUSA MARC'ANDREA 3801 SOUTH CONGRESS AVENUE LAKE WORTH FL 33461 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: **Marco Musa**

D

06/20/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)