

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # ~~1~~ 00000016308

1. Entity Name

VISION TO REALITY, LLC

Principal Place of Business

Mailing Address

2. Principal Place of Business

2180 W. State Road 434

3. Mailing Address

Same as #2

Suite, Apt. #, etc.

Suite 6184

Suite, Apt. #, etc.

City & State

Longwood, FL

City & State

Zip

32779

Country

USA

Zip

Country

4. FEI Number

59-3696202

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 MAY 21 PM 1:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Yusefzadeh, Bahram  
641 E. Club Circle  
Longwood, FL 32779

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

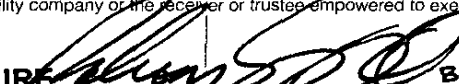
10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MANAGING DIRECTOR	BAHRAM YUSEFZADEH	641 E. CLUB CIRCLE	LONGWOOD, FL 32779	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		400004419134--0	-06/14/01--01017--014	<input type="checkbox"/>	<input type="checkbox"/>
		****50.00	****50.00	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 60B, Florida Statutes.

SIGNATURE



BAHRAM YUSEFZADEH, 5/1/2001

407.682.1894

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)