

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0002203
AF

DOCUMENT # **L99000001057**

1. Entity Name
STELLAR VISION SYSTEMS, L.L.C.

00 APR 27 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
5982 N.W. 73RD COURT 5982 N.W. 73RD COURT
PARKLAND FL 33067 PARKLAND FL 33067-2445



2. Principal Place of Business 3. Mailing Address
7600-D Wiles Rd
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite D
City & State City & State
CORAL SPRINGS, FL
Zip Country Zip Country
33067 USA

MINUM

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
HEALY, CHARLOTTE A
164 N.E. 6TH AVENUE, SUITE A
DELRAY BEACH FL 33483

4. FEI Number **65-0898660** Applied For Not Applicable
5. Certificate of Status Desired \$5.00 Additional Fee Required
7. Name and Address of New Registered Agent
Name **LOYL H. (BUDDY) JONES**
Street Address (P.O. Box Number is Not Acceptable) **65982 -NW 73RD COURT**
City **PARKLAND** FL Zip Code **33067**

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 - President DATE **4-24-00**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	MGR JONES, LOYL H. BUDDY 5982 N.W. 73RD COURT PARKLAND FL 33067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM JONES, LOYL H. BUDDY 5982 N.W. 73RD COURT PARKLAND FL 33067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300003249553--0 --05/11/00--01125--024 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM HI-TRON USA LLC 12751 MAPLEWOOD COURT POWAY CA 92064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM HITRON SYSTEM, INC. 726-5 SUSO-DONG KANGNAM-GU SEOUL KOREA 13522-0 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E083 (9/99)

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 608, Florida Statutes.

SIGNATURE: DATE **4-24-00** (954)344-6747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Daytime Phone #