

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P40827**

Entity Name

BLOCK VISION, INC.**FILED**
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90035 014 ***158.75

Principal Place of Business

Mailing Address

NW 53RD ST
600
BOCA RATON FL 33487P.O BOX 310703
BOCA RATON FL 33431-0703
US

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-2512930

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**7. Name and Address of New Registered Agent**

Name

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

City

FL

Zip Code

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

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	CD	<input type="checkbox"/> Delete
NAME	GILLETTE, THEODORE	
STREET ADDRESS	7209 BRYAN DAIRY RD	
CITY-ST-ZIP	LARGO FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SANCHEZ, RICHARD	
STREET ADDRESS	7209 BRYAN DAIRY RD	
CITY-ST-ZIP	LARGO FL	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	WELCH, RICHARD T	
STREET ADDRESS	7209 BRYAN DAIRY RD	
CITY-ST-ZIP	LARGO FL	
TITLE	PT	<input type="checkbox"/> Delete
NAME	ALCORN, ANDREW	
STREET ADDRESS	621 NW 53RD ST	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Sr. VP.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Audrey M. Weinstein	
STREET ADDRESS	621 NW 53rd Street	
CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jenean Hite	
STREET ADDRESS	621 NW 53rd Street	
CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jenean Hite, Treasurer

04/20/00

1800-243-1401

Date

Daytime Phone #

CR2E034 (9/99)