

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 06, 2002 8:00 am  
Secretary of State

05-06-2002 90108 030 \*\*\*\*61.25

DOCUMENT # N01000008869

1. Entity Name

SECOND VISION, INC.

Principal Place of Business

Mailing Address

222 LAKEVIEW AVENUE  
SUITE 160  
WEST PALM BEACH FL 33401

222 LAKEVIEW AVENUE  
SUITE 160  
WEST PALM BEACH FL 33401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

69-0004957

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145

Name RAFAELS, DIANE C.

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

8080 SE Peppercorn Court

City HOBE SOUND

FL

Zip Code 33455

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

DIANE C. RAFAELS  
(NOTE: Registered Agent signature required when reinstating)

4/23/02  
DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PSTD ☐ Delete  
NAME RAFAELS, DIANE C  
STREET ADDRESS 222 LAKEVIEW AVENUE, SUITE 160  
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE STD ☒ Change ☐ Addition  
NAME RAFAELS, DIANE C.  
STREET ADDRESS 8080 SE Peppercorn Ct.  
CITY-ST-ZIP HOBE SOUND, FL 33455

TITLE D ☐ Delete  
NAME RAFAELS, UMBERTO  
STREET ADDRESS 222 LAKEVIEW AVENUE, SUITE 160  
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE PD ☒ Change ☐ Addition  
NAME RAFAELS, UMBERTO  
STREET ADDRESS 8080 SE Peppercorn Ct.  
CITY-ST-ZIP HOBE SOUND, FL 33455

TITLE D ☐ Delete  
NAME CHANDLER, WILLIAM B JR  
STREET ADDRESS 222 LAKEVIEW AVENUE, SUITE 160  
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE D ☒ Change ☐ Addition  
NAME CHANDLER, WILLIAM B. JR.  
STREET ADDRESS 645 HILLPINE DR.  
CITY-ST-ZIP ATLANTA, GA 30306

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02 561-220-5910  
Date Daytime Phone #

CR2E037 (9/01)