2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002200

1. Entity Name

IVISION INTERNATIONAL, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 27 AM 3:05

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
ONE CYPRESS PLACE 701 WEST CYPRESS CREEK ROAD. SUITE 200 FT. LAUDERDALE FL 33309	ONE CYPRESS PLACE 701 WEST CYPRESS CREEK ROAD. SUITE 200 FT. LAUDERDALE FL 33323-2827

2. Principal Place of Business	3. Mailing Address
1601 Sawgrass Corp Parkway	1601 Sawgrass Corp. Parkway
Suite, Apt. #, etc. #420	Suite, Apt. #, etc. #420
City & State Sunrise, FL	City & State Sunrise, FL
Zip 33323 Country U.S.A.	Zip 33323 Country U.S.A.

4. FEI Number 65-0793552 ☐ 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
PREFERRED VISION CARE, INC. ONE CYPRESS PLACE 701 WEST CYPRESS CREEK ROAD, SUITE 200 FT. LAUDERDALE FL 33309	Name Street Address (P.O. Box Number is Not Acceptable) 1601 Sawgrass Corp. Parkway, #420 City Sunrise FL Zip Code 33323

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$1,000.00		

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P96000103520	STREET ADDRESS	1601 Sawgrass Corp Parkway, #420
NAME	PREFERRED VISION CARE, INC.	CITY-ST-ZIP	Sunrise, FL 33323
STREET ADDRESS	701 WEST CYPRESS CREEK ROAD, SUITE 200		
CITY-ST-ZIP	FT. LAUDERDALE FL 33309		
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	700003259947--7
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CITY-ST-ZIP			

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED Joseph Antal 4/24/00 954 267-0770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #