

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000601

1. Entity Name
VISITU L.L.C.

Principal Place of Business
101 S.E. TENTH STREET
FORT LAUDERDALE FL 33316

Mailing Address
101 S.E. TENTH STREET
FORT LAUDERDALE FL 33316

FILED
01 SEP 28 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2283 STATE RD 7

20283 STATE RD 7

Suite, Apt. #, etc.
Ste 300

Suite, Apt. #, etc.
Ste 300

City & State
BOCA RATON FL

City & State
BOCA RATON, FL

Zip
33498

Country
USA

Zip
33498

Country
USA

4. FEI Number
65-069336

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEHR, RALPH S
101 S.E. TENTH STREET
FORT LAUDERDALE FL 33316

Name
IRA UDELL

Street Address (P.O. Box Number is Not Acceptable)
5254 NW 22 AV

City
BOCA RATON FL Zip Code
33496

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 IRA UDELL IRA UDELL 9/25/01
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
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
UDELL, BRIAN
101 S.E. TENTH STREET
FORT LAUDERDALE FL 33316

TITLE
NAME
STREET ADDRESS
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000004622170--1
-10/03/01--01068--032
*****50.00 *****50.00

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CITY-ST-ZIP

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: IRA UDELL SIGNATURE REQUIRED

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

Date

Daytime Phone #

CR2E083 (5/01)