

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010234

1. Entity Name

VISION ONLINE, L.L.C.

FILED

01 SEP 17 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
11273 N. KENDALL DR., #116J
MIAMI FL 33176

Mailing Address
11273 N. KENDALL DR., #116J
MIAMI FL 33176

2. Principal Place of Business
10300 SUNSET DRIVE

3. Mailing Address
10300 SUNSET DRIVE

Suite, Apt. #, etc.
307

Suite, Apt. #, etc.
307

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33173

Country
USA

Zip
33176

Country
USA

4. FEI Number
65-1073090

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ESTEVA-NALASCO, KARINA B
11273 N. KENDALL DR., #116J
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name
ESTEVA-NOLASCO, KARINA B.
Street Address (P.O. Box Number is Not Acceptable)
11559 S.W. 90 St.
City
MIAMI FL Zip Code
33176

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

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

100004612511--7
-09/26/01--01075--015
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ESTEVA-NOLASCO, KARINA B 11273 N. KENDALL DR., #116J MIAMI FL 33176	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ESTEVA-NOLASCO, KARINA B. 10300 SUNSET DRIVE, # 307 MIAMI, FL 33173	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *KARINA B. ESTEVA-NOLASCO*

Date
9/10/01

Daytime Phone #
(305) 596-1320

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

0004154

CR2E083 (5/01)

STATE CHECK HERE