

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000015444**

1. Entity Name

SOUTH DADE VISION CONSULTANTS, LLC

Principal Place of Business

Mailing Address

**355 MIRACLE MILE
CORAL GABLES, FL. 33134**

FILED

01 JUN 25 AM 8:47

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

2. Principal Place of Business

355 MIRACLE MILE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CORAL GABLES

City & State

4. FEI Number

65-1069678

Applied For

Not Applicable

Zip

FL

Country

**MIAMI-
3-DADE**

Zip

33134

Country

U.S.A.

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

DANIEL KURTIS

Name

355 MIRACLE MILE

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

CORAL GABLES, FL 33134

City

FL

Zip Code

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

6-20-01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

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-07/09/01--01007--038

*******50.00 *****50.00**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DANIEL KURTIS, MGR.
355 MIRACLE MILE
CORAL GABLES, FL. 33134**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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*******5.00 *****5.00**

☐ Change ☐ Addition

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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:

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

DANIEL KURTIS AS REPRESENTATIVE

for South Dade Vision Consultants, LLC. (305) 446-6874

Date **5-1-01**

Daytime Phone #

CR2E083 (11/00)