

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90394 036 ****50.00

DOCUMENT # L01000009434

1. Entity Name

GERMAN VISION, L.C.

Principal Place of Business

**% BAUR, KLEIN, MATOS & RIEDI, P.A.
 100 N. BISCAYNE BOULEVARD, 21ST FLOOR
 MIAMI FL 33132-2306**

Mailing Address

**% BAUR, KLEIN, MATOS & RIEDI, P.A.
 100 N. BISCAYNE BOULEVARD, 21ST FLOOR
 MIAMI FL 33132-2306**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1114082

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

**VOLKER, VIVIAN
 BAUR, KLEIN, MATOS & RIEDI, P.A.
 100 N. BISCAYNE BOULEVARD, 21ST FLOOR
 MIAMI FL 33132-2306**

Name

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

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	STRENZ, MICHAEL	PASSAUERSTR. 14 / D-94474 VILSHOFEN	GERMANY	<input type="checkbox"/>
MGR	HAUSLADEN, CHRISTINE	RAGAU 2/ D-94565 RATHSMANNSDORF	GERMANY	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Christine Hausladen (HAUSLADEN) **CHRISTINE**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
 Date: 04/08/02 Daytime Phone #: 305/377-3561

CR2E083 (9/01)