

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

02 APR -9 AM 11:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L94000000660**

1. Entity Name  
**EXPERT VISION EXPRESS L.C.**

*2001-2002*

Principal Place of Business  
**5230 COCONUT CREEK PKWY  
MARGATE FL 33063**

Mailing Address  
**5230 COCONUT CREEK PKWY  
MARGATE FL 33063**

**REINSTATEMENT**

*2001-2002*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

*SAME AS*

Suite, Apt. #, etc.

*SAME AS*

City & State

*ABOVE*

City & State

*ABOVE*

4. FEI Number

**65-0550930**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SCHROEDER, MICHAEL A  
2255 GLADES RD  
SUITE 319-A  
BOCA RATON FL 33431-7313**

Name

*ROBERTO PETTINATO*

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

*5230 COCONUT CR PKWY*

City

*MARGATE*

**FL**

Zip Code

*33063*

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

*ROBERTO PETTINATO*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*03/28/02*

**FILE NOW!!! FEE IS \$58.00**

**Make Check Payable to Department of State  
Due By September 26, 2001**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>PETTINATO, ROBERT</b>	
STREET ADDRESS	<b>5220 COCONUT CREEK PKWY</b>	
CITY-ST-ZIP	<b>MARGATE FL</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>PETTINATO, GIANNI</b>	
STREET ADDRESS	<b>5220 COCONUT CREEK PKWY</b>	
CITY-ST-ZIP	<b>MARGATE FL</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>MUSA, KELLI</b>	
STREET ADDRESS	<b>10770 MAPLE CHASE DR</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33498</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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-04/12/02--01102--006  
\*\*\*200.00 \*\*\*200.00

CR2E083 (5/01)

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:

*ROBERTO PETTINATO*

Date

*03/28/02*

Daytime Phone #

*(954) 984-9966*

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