

2001 UNIFORM BUSINESS REPORT (UBR)

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SAME AS

Suite, Apt. #, etc.

SAME AS

City & State

ABOVE

City & State

ABOVE

Zip

Country

Zip

Country

4. FEI Number

65-0550930

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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)

03/28/02

DATE

FILE NOW!!! FEE IS \$50.00

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME PETTINATO, ROBERT
STREET ADDRESS 5220 COCONUT CREEK PKWY
CITY-ST-ZIP MARGATE FL

☐ Delete

TITLE MGRM
NAME PETTINATO, GIANNI
STREET ADDRESS 5220 COCONUT CREEK PKWY
CITY-ST-ZIP MARGATE FL

☐ Delete

TITLE MGRM
NAME MUSA, KELLI
STREET ADDRESS 10770 MAPLE CHASE DR
CITY-ST-ZIP BOCA RATON FL 33498

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

000005258640--1

-04/12/02--01102--006

***200.00 ***200.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 (954) 984-9966

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

Daytime Phone #