## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

2000 UNIFORM BUSINESS REPORT (UBR)							APPROVED AND FILED				
DOCUMENT # L9500000916  1. Entity Name							1 ILLU				
MULTI VISIONS L.C.							00 MAY 31 PM 2: 30				
							SECRETARY OF STA	TE.			
Principal Place of Business Mailing Address 2655 NW 29TH ST 21218 ST ANDREWS BLVD BOCA RATON FL 33434 #158					D .		TALLAHASSEE, FLORIDA				
BOCA RATOR	N FL 33434		#158 BOCA RATON FL 33433	-2435							
		•				ļ					
	Place of Busines		3. Mailing Address			$\neg$					
21218 St. Andrews Blvd Suite, Apt. #, etc.			Suite, Apt. #, etc.			$\dashv$	DO NOT WRITE IN THIS SPACE				
#158			City & Change			- 551	N		- mlied For	٦	
City & State BOCA RATON FL			City & State			4. FEII	Number <b>59-3349290</b>		oplied For ot Applicable	-	
<sup>Zip</sup> ১343৭	,	Country	Zip	Coun	try	5. Cert	ificate of Status Desired	\$5.00 Ad			
33433 U.S.A .  6. Name and Address of Current Re			Registered Agent	listered Agent			7. Name and Address of New Registered Agent				
					Name	<del></del>			<u>.                                    </u>	]	
PELLINGRA, ALAN					Street Addres	ss (P.O. Box N	Number is Not Acceptable)	<del></del>		1	
1 BOCA PLACE, SUITE 319-A 2255 GLADES RD							<del>-</del>	<del></del> -		-	
BOCA RATON FL 33431-7313					City		F	Zip Coc		-	
O. The observe							or both, in the State of Florida.			$\dashv$	
a. The above	named shirty s	rigamilis this statement to	r the purpose of changing in	s registere	ed onice or regis	siered ageni,	or boin, in the State of Florida.				
SIGNATUR	Signature, typed or r	visited parts of registered agent	an while if applicable. (NC	TE: Danietoro	d Agent signature requ	iran whon remetal	(ing) DATE				
	Signardia, typen or t	or registered agents	average in applicable. (140	TE. Registere	n Agent signature requ	ored when lemsta	DATE.			1	
		,	FILE N Make Check P		FEE IS \$50.0 Department						
9.		MANAGING MEMBI	ERS/MEMBERS	10.			ADDITIONS/CHANGE	S		1_	
TITLE	MEM	CANDDA	☐ Delsta	TITL				Change	Addition	83 (9/:1:)	
NAME STREET ADDRESS	PEPLINSKI, 2655 NW 29			NAM Stre	E Et address					83	
CITY- ST- ZIP	BOCA RATO	••			- 8T- ZIP					CF2E0	
TITLE	MEM		☐ Detate	TITL	l l			Change	Addition	5	
NAME STREET ADDRESS	PEPLINSKI, 2655 NW 29			, NAM STRE	E Et address		enaaa226	124E-	Б		
CITY-ST-ZIP	BOCA RATO	N.FL 33434		Caty	8T-ZIP	<u></u>	600003290 -06/15/00 *****55.00	<u>01009</u>	121	-	
TITLE -	The same of the sa	<u> </u>	☐ Detete	Titu			*****55.00	(A) Charles	Addition	'	
NAME STREET ADDRESS				NAM STRE	ET AUDRESS		,				
CITY-ST-ZIP				CITY	- 8T- ZIP	<u>.</u>				_	
TITLE			☐ Delete	TITL				☐ Change	Addition		
NAME STREET ADDRESS				NAM STRE	ET ADDRESS		•				
CITY-ST-ZIP				CITY	-\$T-ZIP						
TITLE	]		☐ Deleta	TITL	۷.			Change	Addition		
NAME STREET ADDRESS	į,	<del>,</del>		NAM STRE	E Et address						
CITY-8T-ZIP	]	•			8T-ZIP						
TITLE	]		☐ Delete	TITLE	,			Change	Addition		
MAME STREET ADDRESS				NAMI STRE	E ET Address					}	
GITY-ST-ZIP					· 8T- ZIP						
							07(3)(i), Florida Statutes. I further corroath; that I am a managing member			]	
			e empowered to execute this					our or manage	0. 010		

4.20.2000

Daytime Phone #