

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000646

1. Entity Name

EXPERT VISION EXPRESS NO. 2, L.C.

Principal Place of Business

2698 N UNIVERSITY DR  
SUNRISE FL 33322

Mailing Address

5230 COCONUT CREEK PARKWAY  
MARGATE FL 33063-3943

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

65-0672715

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

PETTINATO, ROBERTO  
5230 COCONUT CREEK PARKWAY  
MARGATE FL 33063

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**

100003213411-5  
-04/18/00-01108--020  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM ☐ Delete  
STREET ADDRESS PETTINATO, ROBERTO  
CITY-ST-ZIP 20529 CAROUSEL CIRCLE WEST  
BOCA RATON FL 33434

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS 1212 Hillsboro Mile 49  
CITY-ST-ZIP Hillsboro Beach FL 33062

TITLE NAME MGRM ☐ Delete  
STREET ADDRESS PETTINATO, GIANNI  
CITY-ST-ZIP 20529 CAROUSEL CIRCLE WEST  
BOCA RATON FL 33434

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS 1212 Hillsboro Mile 49  
CITY-ST-ZIP Hillsboro Beach FL 33062

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

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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 OR MANAGER

Date

Daytime Phone #

APPROVED  
AND  
FILED

00 MAR 31 PM 1:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CP2E083 (9/99)