

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0002203 AF

DOCUMENT # L99000001057

1. Entity Name
STELLAR VISION SYSTEMS, L.L.C.

00 APR 27 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 5982 N.W. 73RD COURT PARKLAND FL 33067	Mailing Address 5982 N.W. 73RD COURT PARKLAND FL 33067-2445
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2. Principal Place of Business 7600-D Wiles Rd Suite, Apt. #, etc. Suite D City & State CORAL SPRINGS, FL Zip 33067	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country USA
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MINUM

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0898660	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HEALY, CHARLOTTE A 164 N.E. 6TH AVENUE, SUITE A DELRAY BEACH FL 33483	7. Name and Address of New Registered Agent Name LOYL H. (BUDDY) JONES Street Address (P.O. Box Number is Not Acceptable) 5982 - NW 73RD COURT City PARKLAND FL Zip Code 33067
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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 President Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 4-24-00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JONES, LOYL H. BUDDY 5982 N.W. 73RD COURT PARKLAND FL 33067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM JONES, LOYL H. BUDDY 5982 N.W. 73RD COURT PARKLAND FL 33067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM HI-TRON USA LLC 12751 MAPLEWOOD COURT POWAY CA 92064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM HITRON SYSTEM, INC. 726-5 SUSO-DONG KANGNAM-GU SEOUL KOREA 13522-0 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: LOYL H. JONES, PRES. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER	Date 4-24-00	Daytime Phone # (954) 344-6747
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CR2E083 (9/99)