

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -3 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000004631

1. Entity Name

VISION BUILDING SOLUTIONS, L.L.C.

Principal Place of Business

18151 NE 31ST COURT, #911
AVENTURA FL 33160

Mailing Address

18151 NE 31ST COURT, #911
AVENTURA FL 33180-3757

2. Principal Place of Business

2455 Hollywood Blvd

Suite, Apt. #, etc.

Ste. 310

City & State

Hollywood FL

Zip
33020

Country

USA

3. Mailing Address

3500 MAGELLAN CIRCLE

Suite, Apt. #, etc.

715

City & State

Aventura FL

Zip
33180

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0937322

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERCOON, MARC E

18151 NE 31ST COURT, #911
AVENTURA FL 33160

7. Name and Address of New Registered Agent

Name

MARC BERCOON

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

3500 MAGELLAN CIRCLE

715

City

Aventura

FL

Zip Code

33180

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM VBS MANAGEMENT, L.L.C. ☒ Delete
STREET ADDRESS 18151 NE 31ST COURT, #911
CITY-ST-ZIP AVENTURA FL 33160

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME MGRM VBS MANAGEMENT, L.L.C. ☒ Change ☐ Addition
STREET ADDRESS 3500 MAGELLAN CIR. #715
CITY-ST-ZIP AVENTURA FL 33180

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

TITLE NAME 400003269684 ☐ Change ☐ Addition
STREET ADDRESS -05/30/00--01013--025
CITY-ST-ZIP *****50.00 *****50.00

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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: VBS MANAGEMENT L.L.C.
By: MARC BERCOON **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/30/00

Date

305-936-0551

Daytime Phone #

CR2E083 (9/99)