

AMENDED 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004631

1. Entity Name

VISION BUILDING SOLUTIONS, L.L.C.

FILED

2002 OCT -2 AM 10:41

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business

3500 MAGELLAN CIRCLE, SUITE 715
AVENTURA FL 33180

Mailing Address

3500 MAGELLAN CIRCLE, SUITE 715
AVENTURA FL 33180

2. Principal Place of Business

18109 Heron WALK Drive

3. Mailing Address

SAME AS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

4. FEI Number

65-0937322

Applied For

Not Applicable

Zip

33647

Country

US

Zip

Country

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BERCOON, MARC-E
3500 MAGELLAN CIRCLE, SUITE 715
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name Robert Brett

Street Address (P.O. Box Number is Not Acceptable)
18109 Heron WALK Drive

City TAMPA

FL

Zip Code 33647

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

Robert D. Brett

Exp

Robert D. Brett

5/1/02

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
Due By May 1, 2002

500008210786-7
-10/04/02--01060--022
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGRM
BERCOON, MARC
STREET ADDRESS 3500 MAGELLAN CIR #715
CITY-ST-ZIP AVENTURA FL 33180 ☒ Delete

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
Bercoon, MARC
STREET ADDRESS 18109 Heron WALK DRIVE
CITY-ST-ZIP TAMPA, FL 33647 ☒ Change ☐ Addition

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

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

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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:

MARC E BERCOON

5/1/02

888-7671114

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

Date

Daytime Phone #

CR2E083 (9/01)