## 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

L99000007613 **DOCUMENT#** 

1. Entity Name

EXPERT VISION EXPRESS NO. 3, L.C.

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, ON EXTRESS 140. 0, E.C	•			SECRE	TARY OF STATE		٠.,	•
					NOOCEN COMBA		m ull	r
		•						
Principal Place of Business     3. Mailing Address					(COVIDAN DEC LOSIO IDAN CON CORN CON	A A HILL COURT (CARLA A HICE)		
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI N	lumber - 0989/39			
Country	Zip	Coun	try			\$5.00 Ad	ditional	
6. Name and Address of Current I	Registered Agent			7. Name	e and Address of New Registe	ered Agent		
STARR, GREGORY S								
515 SEABREEZE BLVD., STE 220 FT LAUDERDALE FL 33316		Street Addres		s (P.O. Box N	umber is Not Acceptable)			
			City		<del></del>	FL Zip Cod	le	
med entity submits this statement for	the purpose of changing its	registere	ed office or regis	tered agent, o	or both, in the State of Florida.			
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nature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registere	d Agent signature requ	ired when reinstation		···· - ··· - ···		ĺ
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	RS/MEMBERS	10.			ADDITIONS/CHAN	NGES		يِ ا
MGRM	Delete					Change	Addition	00/0/
5236 Cocom+ CA MARGAR FR	ton Pkuj	8TRE	ET ADDRESS					COULCE
Pettinate, GIANNI 5230 Cocan + CM MARCOR PX	Octates	NAM STRE	EET ADDRE\$8			Changa	AddItion	
MGRM MUSA, Kelli 10770 Maple Ch.	Determ	NAM \$TRE	ET ADDRESS			☐ Change	Addition	
Deca Raten	Delete	TITLI NAM STRE	E EET ADDRESS			Change	Addition .	!
	☐ Delote	TITLI NAM SYRE	E E ET Address			☐ Change	Addition	
	☐ Delate	NAM STRE	ET ADDRESS			☐ Change	Addition	
	Country  6. Name and Address of Current I  Country  6. Name and Address of Current I  GORY S  EZE BLVD., STE 220  ALE FL 33316  med entity submits this statement for mature, typed or printed name of registered agent a mature,	## Business ### S230 COCONUT CREEK F ### S230 COCONUT CREEK F ### MARGATE FL 33063-3943  ### of Business  ### e of Business  ### e of Business  ### and Address  ### Country  ### Country  ### E of Business  ### Business  ### Business  ### S230 COCONUT CREEK F ### MARGATE FL 33063-3943  ### WARGATE FL 33063-3943  ### Business  ### Business  ### 3. Mailing Address  ### Country  ### Business  ### Country  ###	Business CREEK PKWY 63  Mailing Address 5230 COCONUT CREEK PKWY MARGATE FL 33063-3943  e of Business  e of Business  3. Mailing Address  etc. Suite, Apt. #, etc.  City & State  Country  Zip Country  City & State  Country  City & State  Country  ALE FL 33316  GORY S  EZE BLVD., STE 220  ALE FL 33316  med entity submits this statement for the purpose of changing its register.  MANAGING MEMBERS/MEMBERS  MANAGING MEMBERS/MEMBERS  10.  MANAGING MEMBERS/MEMBERS  10.	Mailing Address  CREEK PKWY  S230 COCONUT CREEK PKWY MARGATE FL 33063-3943  e of Business  3. Mailing Address  etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Country  6. Name and Address of Current Registered Agent  Name  GORY S  EZE BLVD., STE 220  ALE FL 33316  City  med entity submits this statement for the purpose of changing its registered office or registered agent and tito if applicable.  (NOTE: Registered Agent signature requirements agreement agent and tito if applicable.  MANAGING MEMBERS / MEMBERS  MARK  TRIEF NOW!!!=FEE*1S*\$50:0  Make Check Payable to Department  MANAGING MEMBERS / MEMBERS  10.  ITTLE  MARK  STATE ADDRESS  CITY-ST-ZIP  Debate  TITLE  MARK  STREET ADDRESS  CITY-ST-ZIP  Debate  TITLE  STREET ADDRESS  CITY-ST-ZIP  Debate  DEBATE  STREET ADDRESS  CITY-ST-ZIP  DEBATE  DEBATE  STREET ADDRESS  CITY-ST-ZIP  STREET A	### SECRE #### SECRE #### #### SECRE #### ### SECRE #### #### ### SECRE #### #### #### #### #### #### ####	######\$5.  ######\$5. ######\$5. ######\$5. ######\$5. ######\$5. ######\$5. ######\$5. ######\$5. ######\$5. ######\$5. ######\$5. ##########	Business   Mailing Address	Business   Mailing Address   SZC COCOUNT CREEK PRWY   SZC COCOUNT CRE

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.

SIGNATURÉ:

ED OR PRINTED NAME OF SIGNING MANAGING NEMBER OR MANAGER

Daytime Phone #

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