

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90044 035 ****55.00

DOCUMENT # M98000000480

1. Entity Name

VISION-LINK USA, LLC



Principal Place of Business

**C/O POWER UP, INC.
1515 N FEDERAL HWY., SUITE 300-15
BOCA RATON FL 33432**

Mailing Address

**C/O POWER UP, INC.
1515 N FEDERAL HWY., SUITE 300-15
BOCA RATON FL 33432**

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

65-0822112

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

**VALENTINE, MICHAEL L
936 SW 16TH ST.
FT LAUDERDALE FL 33315**

Name

VALENTINE, MICHAEL L

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

1515 N Federal Hwy # 300

City

BOCA RATON FL

FL

Zip Code

33432

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

M. L. Valentine
Signature, typed or printed name of registered agent and title if applicable.

M. L. Valentine

(NOTE: Registered Agent signature required when reinstating)

DATE

1/09/03

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **MEM** ☒ Delete
NAME **VALENTINE, M.L.**
STREET ADDRESS **936 SW 16TH ST.**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **VALENTINE, M.L.**
STREET ADDRESS **1515 N Federal Hwy #300**
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

M. L. Valentine
SIGNATURE REQUIRED

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

Date

1/25/03

Daytime Phone #

CR2E083 (10/02)