SIGNATURE: <u>O</u>

2001	UNIFORM BUSI	ME22 KEPUI	KI (UB	H)					1	(A')	/8 8
DOCUMENT # P0000023456									'	M	YA AV
FLORIDA READING AND VISION TECHNOLOGY, INC.								D		_	<
Principal Plac	e of Business	Mailing Address				01 NO	-8 AM	9: 12	2		
808 S.W. 8TH FT LAUDERDA		808 S.W. 8TH AVE FT LAUDERDALE FL 33315				SEGRE TALLAF	TARY U	STAT FLORI	E Da I IIII Inii i II	1(1 0 4 2)(2 84)	
2. Principal P	lace of Business SW 871 AVF	3. Mailing Address_									
Suite, Apt.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
State & State	AVOERDALE R	City & State F. LAVERDAY R			4. FEI	Number 65	099	1580) Not	plied For t Applicable]
333	15 Coupery	35302	Country			tificate of Status I		LJ F€	B.75 Addi e Required		
	6. Name and Address of Current R	egistered Agent	Name		7Nan	ne and Address	or New Hegis	stered Ag	ent		-
KRETSCHI *** 808 S.W.**	er, lesa b 8th ave		Street Address (F				cceptable)]-
FT LAUDE	RDALE FL 33315		City					FL	Zip Code	. <u></u> e	-
8. The above	named entity submits this statement for	the purpose of changing its r	egistered office	or register	ed agent	, or both, in the S	tate of Florida				1
SIGNATURE		March 10	Let	Ture	1						
6 This	Signature, good of printed name of registered agent ar		Registered Agent sig	•	when reinsta	ating)		DATE			-
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750 Make Check Payable to Department of Sta			te	10. Election Cam Trust Fund C	ontribution.		Added	May Be to Fees	
11.	OFFICERS AND D		12.		ADDI	TIONS/CHANGE	TO OFFICE			S IN 11	۔ غ
NAME STREET ADDRESS CITY-ST-ZIP	DP KRETSCHER, LESA B 808 S.W. 8TH AVE FT LAUDERDALE FL 33315	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s	bide	9000	0463 1/30/0 ***550	399 101(J39U	3. 102	100
TITLE NAME STREET ADDRESS _CITY_ST-ZIP		□ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s			LS	[Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY - ST - ZIP	s				, [Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	SS				(Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	ss	•		1	[Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-ij	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	ss				[Change	☐ Addition	
indicated of the co	certify that the information supplied with d on this report or supplemental report is rporation or the receiver or trustee empor , or on an atlachment with amaddress, w	true and accurate and that m wered to execute this report a	ny signature sha as required by 0	II have the : Chapter / 607	same leg 7, Florida	ial effect as it mai	de under oath It my name a	n; that I an opears in	n an officer Block 11 or	r or director r Block 12 if	- 1

Date





DATE:

November 6, 2001

ATTN:

Kathy Ashton

Document Specialist

Florida Department of State

FROM:

Lesa Kretschmer

RE:

Uniform Business Report

Ms. Ashton,

Enclosed-please find-my-Uniform Business Report-for-2001:-I-spoke-with-Michelle -- -- in your office today regarding the return of my application as delinquent.

I originally mailed these documents back in August. This is the first year I have been required to file as the corporation was initially filed in 2000.

I kindly request that additional penalties be waived and please accept the re-submission of my Uniform Business Report as timely for 2001.

Thank you in advance for your consideration in this matter.

Sincerely.

Lesa Kretschmer

Dinonraly

Thank yes have some in your onnot are for it this metion

Florida Reading & Vision Technology Box 519 Ft. Lauderdale, FL 33302