FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90414 013 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000038352

1. Entity Name
Ivision International Laser Services, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1601 Sawgrass Corp. Pkwy	1601 Sawgrass Corp Pkwy
Suite, Apt. #, etc.: Suite 420	Suite, Apt. #, etc.: Suite 420
City & State: Fort Lauderdale FL	City & State: Fort Lauderdale FL
Zip: 33323 Country: USA	Zip: FL 33323 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 35-2203303 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: Cuza, Jesus E. Esq.
Street Address (P.O. Box Number is Not Acceptable): 1601 Sawgrass Corp Parkway Suite 420
City: Fort Lauderdale FL Zip Code 33323

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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 ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Antal, Joseph
STREET ADDRESS	1601 Sawgrass Corp Pkwy, Suite 420
CITY-ST-ZIP	Fort Lauderdale FL 33323
TITLE	Director, Secretary, Treasurer.
NAME	Sherb, Steven
STREET ADDRESS	1601 Sawgrass Corp Parkwy, Suite 420
CITY-ST-ZIP	Fort Lauderdale FL 33323
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph P. Antal, President [signature] 4/29/03 954-267-0770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #