

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90259 030 ***150.00

DOCUMENT # P40827

1. Entity Name

BLOCK VISION, INC.

Principal Place of Business

**120 W FAYETTE ST #700
 BALTIMORE MD 21201-3741
 US**

Mailing Address

**120 W FAYETTE ST #700
 BALTIMORE MD 21201-3741
 US**

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

22-2512930

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

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

City

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **VPS** ☐ Delete
 NAME **WEINSTEIN, AUDREY M**
 STREET ADDRESS **621 NW 53 STREET**
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **T** ☐ Delete
 NAME **HITE, JENEAN**
 STREET ADDRESS **120 W FAYETTE ST #700**
 CITY-ST-ZIP **BALTIMORE MD 21201**

TITLE **PT** ☐ Delete
 NAME **ALCORN, ANDREW**
 STREET ADDRESS **621 NW 53RD ST**
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **VP** ☐ Delete
 NAME **STEPHANIE CARMOND**
 STREET ADDRESS **120 W. FAYETTE ST. #700**
 CITY-ST-ZIP **BALTIMORE MD 21201**

TITLE **VP** ☐ Delete
 NAME **HOWARD LERIN**
 STREET ADDRESS **120 W. FAYETTE ST. #700**
 CITY-ST-ZIP **BALTIMORE MD 21201**

TITLE **VP** ☐ Delete
 NAME **ERNEST VISCUSA**
 STREET ADDRESS **120 W. FAYETTE ST. #700**
 CITY-ST-ZIP **BALTIMORE MD 21201**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **PD** ☒ Change ☐ Addition
 NAME **PD**
 STREET ADDRESS **PD**
 CITY-ST-ZIP **PD**

TITLE **VP** ☐ Change ☒ Addition
 NAME **STEPHANIE CARMOND**
 STREET ADDRESS **120 W. FAYETTE ST. #700**
 CITY-ST-ZIP **BALTIMORE MD 21201**

TITLE **VP** ☐ Change ☒ Addition
 NAME **HOWARD LERIN**
 STREET ADDRESS **120 W. FAYETTE ST. #700**
 CITY-ST-ZIP **BALTIMORE MD 21201**

TITLE **VP** ☐ Change ☒ Addition
 NAME **ERNEST VISCUSA**
 STREET ADDRESS **120 W. FAYETTE ST. #700**
 CITY-ST-ZIP **BALTIMORE MD 21201**

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Audrey Weinstein, VP & Secretary 4/29/02 877-730-2347
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)