

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000075449**

1. Entity Name

**ILLUSION INVESTMEN CORP.****R**  
**1****FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90033 036 \*\*\*150.00

Principal Place of Business

**13786 SW 8 ST**  
**MIAMI FL 33184**

Mailing Address

**13786 SW 8 ST**  
**MIAMI FL 33184**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0779064**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**DEL CALVO, THOMAS**  
**231 NW 136 AVE**  
**MIAMI FL 33182**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 **D** ☐ Delete  
NAME **DEL CALVO, THOMAS**  
STREET ADDRESS **231 NW 136 AVE**  
CITY-ST-ZIP **MIAMI FL 33182**TITLE **SD** ☐ Delete  
NAME **SOBRIN, FRANCISCO**  
STREET ADDRESS **261 NAVARRE AVE SUITE 205**  
CITY-ST-ZIP **CORAL GABLES FL 33134**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**09-01-2000**  
Date**305-470-7504**  
Daytime Phone #

CR2E034 (5/00)

Attachment # P97000075449  
DW86915

**TAX MANAGAMENT SERVICES CORP**  
7925 NW 12<sup>TH</sup> STREET SUITE 318  
MIAMI, FL 33126

September 11, 2000

Florida Department of State  
Division of Corporations  
Tallahassee, FL 32399

REF: Line Drive Collectors, Inc Doc# S75498  
Illusions Investment Corp. Doc# P97000075449

To Whom It May Concern:

Enclosed please find copy of the certified mail receipt of an envelope our firm sent back on April 2000. We sent over 95 reports signed and dated with their corresponding checks. We also included in the envelope the reports for Line Drive Collectors, Inc., and Illusions Investment Corp. Attached you will find copies of these reports mailed to you back in April. We don't understand why they weren't processed then and we were surprised when your office sent a second request. We apologize for any inconvenience this may have caused you.

Thank you,

  
Socorro Prado

Attachment # 441000075449  
DU086915

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also, complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to: Fl. Dept of State Uniform Business Repat Div. of Corp. PO Box 1500 Tallahassee, FL 32302</p>		<p>A. Received by (Please Print Name) Kendrick Bryant</p> <p>B. Date of Delivery MAY - 4 2000</p> <p>C. Signature <i>Kendrick Bryant</i></p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, enter delivery address below:</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
		<p>102595-99-M-1789</p>	

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000075449

1. Entity Name

ILLUSION INVESTMEN CORP.

091500

Attachment  
0#P9700075449  
0086915

Principal Place of Business

Mailing Address

13786 SW 8 ST  
MIAMI FL 33184

13786 SW 8 ST  
MIAMI FL 33184-3031

2. Principal Place of Business

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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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SIGNATURE *Thomas Del Calvo*

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(See criteria on back) ☐

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**After MAY 1, 2000 Fee will be \$550.00**  
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Trust Fund Contribution. ☐

\$5.00 May Be  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE	NAME	TITLE	NAME
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<input type="checkbox"/> Delete	SD SOBRIN, FRANCISCO 261 NAVARRE AVE SUITE 205 CORAL GABLES FL 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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SIGNATURE: *Thomas Del Calvo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #