2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000064075** Apr 27, 2000 8:00 am Secretary of State 1. Entity Name IVISION INTERNATIONAL OF LOUISIANA, INC. 04-27-2000 90016 043 ***150.00 Mailing Address Principal Place of Business 701 WEST CYPRESS CREEK ROAD #200 701 WEST CYPRESS CREEK ROAD #200 FORT LAUDERDALE FL 33309-2045 FORT LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address Corp. Parhway Sawarass DO NOT WRITE IN THIS SPACE Suite, Apt. , etc. Suite, Apt. #Jetc. #420 #420 City & State City & State 4. FEI Number Applied For 65-0853265 Florida Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired U.S.A. Fee Required 323 u 5.A 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS ☐ Addition TITLE D ☐ Delete TITLE ANTAL, JOSEPH P NAME NAME ANTAL, JOSEPH P 1601 SAWGRASS CORP PARKWAY. 701 WEST CYPRESS CREEK ROAD #200 STREET ADDRESS STREET ADDRESS SUNRYSE, FL 33323 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33309 XI Change ☐ Addition Delete TITLE TITLE SHERB, STEVEN J 11001 SAWGRASS CORP PARKWAY, #420 SHERB, STEVEN J NAME NAME STREET ADDRESS STREET ADDRESS 701 WEST CYPRESS CREEK ROAD #200 33323 CITY-ST-ZIP SUNRISE CITY-ST-ZIP FORT LAUDERDALE FL 33309 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Antal

4/20/00

954 · 267 · 0770

Daytime Phone #