

2000 UNIFORM BUSINESS REPORT (UBR)

2.2.00

DOCUMENT # 702966

1. Entity Name

FLORIDA LIONS EYE BANK, INC.

FILED

00 FEB -2 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 900 NW 17TH ST MIAMI FL 33136 US	Mailing Address 131C BOX 016880 (ZIP 33101) MIAMI FL 33101 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE
02/02/00 90124/013 61.20
4. FEI Number 59-0967012

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARY ANNE TAYLOR
900 N.W. 17 STREET
FLORIDA LIONS EYE BANK
MIAMI FL 33136

Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL	Zip Code
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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.

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

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD	NAME: DE LA HERA, LINO R PDG	STREET ADDRESS: 580 S DRIVE	CITY-ST-ZIP: MIAMI FL 33166	<input checked="" type="checkbox"/> Delete
TITLE: VD	NAME: PRELLWITZ, EDWARD	STREET ADDRESS: 828 NE 97TH ST	CITY-ST-ZIP: MIAMI SHORES-FL	<input type="checkbox"/> Delete
TITLE: TD	NAME: MIGUEL, MIKE SAN	STREET ADDRESS: 4442 SEA GRAPE CR	CITY-ST-ZIP: LAUDERDALE BY THE SEA FL	<input type="checkbox"/> Delete
TITLE: VD	NAME: CHITWOOD, BARRY	STREET ADDRESS: 3000 NW 5TH TERRACE	CITY-ST-ZIP: POMPANO BEACH FL	<input type="checkbox"/> Delete
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Delete

TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD	NAME: MARVIN E. Hovel	STREET ADDRESS: 1000 Kings Highway # 335	CITY-ST-ZIP: Pt. Charlotte, FL 33980	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____

CR20037 (9/99)

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