

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



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	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD	NAME MARVIN E. Hovel	STREET ADDRESS 1000 Kings Highway # 335	CITY-ST-ZIP Pt. Charlotte, FL 33980	<input type="checkbox"/> Change <input checked="" 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: Mary Anne Taylor /-2/ Date _____ Daytime Phone # _____

CR20037 (9/99)

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