05/09/06 90083 039
$150.00

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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 26, 2006 8:00 A.M.
Secretary of State

DOCUMENT # P06000107004

1. Entity Name

BELL VISION CENTER, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
14030 WEST DIXIE HIGHWAY	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NORTH MIAMI, FL	City & State
Zip: 33161 / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 14-1854281 — ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Julius Adeyiga, (dba JUVEDA Group, Inc)

Street Address (P.O. Box Number is Not Acceptable): 7991 Johnson Street, Suite A

City: Pembroke Pines **FL** Zip Code: 33024

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Julius Adeyiga 6/20/2006

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Michelaire Emile
STREET ADDRESS	10363 SW 24th Street
CITY-ST-ZIP	Miramar, Fl 33025
TITLE	
NAME	
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JC 6/28

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

SIGNATURE: X Michelaire Emile President 6/20/2006 (305)981-4775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #