

05/09/06 90083 039
\$150.00

ATX1

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

DOCUMENT # PD2000107004 1. Entity Name BELL VISION CENTER, INC	
--	--

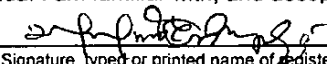
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 14030 WEST DIXIE HIGHWAY Suite, Apt. #, etc.		3. Mailing Address 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	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
		DATE 6/20/2006	

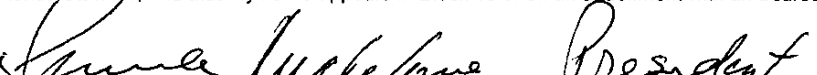
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
--	--

10. OFFICERS AND DIRECTORS		11.	
TITLE President	NAME Michelaire Emile	TITLE	
STREET ADDRESS 10363 SW 24th Street	CITY-ST-ZIP Miramar, FL 33025	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: 	6/20/2006	(305)981-4775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #