

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90219 002 ***150.00

DOCUMENT # P95000022249

1. Entity Name

SNG LABS/SNG PROSTHETIC EYE INSTITUTE, INC.

Principal Place of Business

Mailing Address

6018 SW 18TH ST
 #C2
 BOCA RATON FL 33433
 US

~~6592 PATIO LANE~~ **4445 WOODFIELD BLVD**
 BOCA RATON FL ~~33433~~ **33434**
 US

00010949



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BOCA RATON, FL

4. FEI Number

65-0580048

Applied For

Not Applicable

Zip

Country

Zip

Country

33434

US

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

B&C CORPORATE SERVIC, ES
MIAMI CENTER
201 S. BISCAYNE BLVD., STE 3000
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	GARONZIK, NICOLE	6592 PATIO LANE	BOCA RATON FL 33438	<input type="checkbox"/>
S	GARONZIK, PEARL	SEDFIELD TERR	BOCA RATON FL 33498	<input type="checkbox"/>
T	GORDON, SANDI	8241 CASSIA TERR	TAMARAC FL 33231	<input type="checkbox"/>
T	GORDON, SANDI	8241 CASSIA TERR	TAMARAC FL 33231	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
President	NICOLE GARONZIK	4445 WOODFIELD BLVD	BOCA RATON, FL 33434	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Nicole Garonzik Nicole Garonzik - Pres. 1-23-2001 361.391.7099
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

USORS

CR2E034 (10/00)