

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90964 009 \*\*\*150.00

**DOCUMENT # P98000024378**

1. Entity Name  
**FAMILY EYE CARE CENTER INC.**

Principal Place of Business      Mailing Address  
 1593 N.W. 182ND WAY      1593 N.W. 182ND WAY  
 PEMBROKE PINES FL      PEMBROKE PINES FL 33029-3092



2. Principal Place of Business *15600 NW 67th Ave*  
**5600 Marist**  
 Suite, Apt. #, etc. **210**

3. Mailing Address *15600 NW 67th Ave*  
**15600 NW 67th Ave**  
 Suite, Apt. #, etc. **210**

City & State **MIAMI LAKES FL**      City & State **MIAMI LAKES FL**

Zip **33014**      Country **Miami-Dade**      Zip **33014**      Country **Miami-Dade**

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0839011**      Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent

**ACUNA, ADALBERTO B**  
**1593 N.W. 182ND WAY**  
**PEMBROKE PINES FL**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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, 2000 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	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ACUNA, ADALBERTO B</b>	NAME	
STREET ADDRESS	<b>1593 N.W. 182ND WAY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Adalberto B. Acuna*      Date **4/27/00**      Daytime Phone # **(305) 825-2020**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)