

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000079334  
Entity Name

OCULI Corp.

Principal Place of Business Mailing Address

5641 Orange Dr.  
Ft. Lauderdale, FL  
33314

same

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0863042

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

Alfreds Zoretzke  
5641 Orange Dr.  
Ft. Lauderdale, FL 33314

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

4.28.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

LE ME REET ADDRESS Y-ST-ZIP	PD Zeretzke, Alfred 5641 Orange Dr. Ft. Lauderdale, FL 33314	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME REET ADDRESS Y-ST-ZIP <td>STD Henry, Donna 5641 Orange Dr. Ft. Lauderdale, FL 33314</td> <td><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	STD Henry, Donna 5641 Orange Dr. Ft. Lauderdale, FL 33314	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

4.28.00

954.792.5533

CR2E037 (9/99)

FILED  
May 24, 2000 8:00 am  
Secretary of State

05-24-2000 90148 019 \*\*\*150.00

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