

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90200 042 \*\*\*150.00

**DOCUMENT # P99000030350**

1. Entity Name  
**MEDICAL OPTICS INTERNATIONAL, INC.**

|   |  |
|---|--|
| Principal Place of Business<br>1355 W. PALMETTO PARK RD., STE. 108<br>BOCA RATON FL 33486 | Mailing Address<br>1355 W. PALMETTO PARK RD., STE. 108<br>BOCA RATON FL 33486-3303 |
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| 2. Principal Place of Business<br><b>559 SAWGRASS CORPORATE PARKWAY</b><br>Suite, Apt. #, etc. | 3. Mailing Address<br><b>559 SAWGRASS CORPORATE PARKWAY</b><br>Suite, Apt. #, etc. |
|--|--|



DO NOT WRITE IN THIS SPACE

|  |  |   |  |
|--|--|---|--|
| City & State<br><b>SUNRISE FLORIDA</b> | City & State<br><b>SUNRISE FLORIDA</b> | 4. FEI Number<br><b>65-0914035</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip<br><b>33325</b>                    | Country<br><b>U.S.A.</b>               | 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><b>MASSA, CHRISTINE</b><br><b>1355 W. PALMETTO PARK RD., STE. 108</b><br><b>BOCA RATON FL 33486</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>559 SAWGRASS CORPORATE PARKWAY</b><br>City<br><b>SUNRISE</b> FL Zip Code<br><b>33325</b> |
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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: *Christine Massa* (NOTE: Registered Agent signature required when reinstating) DATE: **4-25-00**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>MASSA, CHRISTINE</b><br><b>5327 PARK PLACE CIRCLE</b><br><b>BOCA RATON FL 33486</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>559 SAWGRASS CORPORATE PARKWAY</b><br><b>SUNRISE FLORIDA 33325</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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: *Christine Massa* Date: **4-25-00** Daytime Phone #: **861-763-3971**

CR2E034 (9/99)