# 2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# P11000104569

Entity Name: BITA EYECARE, INC.

# **Current Principal Place of Business:**

301 NW 84TH AVE SUITE 205 PLANTATION, FL 33324

## **Current Mailing Address:**

301 NW 84TH AVE SUITE 205 PLANTATION, FL 33324 US

# FEI Number: 45-4069738

### Name and Address of Current Registered Agent:

SABRIPOUR, BITA K 301 NW 84TH AVE SUITE 205 PLANTATION, FL 33324 US

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: BITA SABRIPOUR

Electronic Signature of Registered Agent

### **Officer/Director Detail :**

Title	PST
Name	SABRIPOUR, BITA
Address	301 NW 84TH AVE SUITE 205
City-State-Zip:	PLANTATION FL 33324

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

PRESIDENT

SIGNATURE: BITA SABRIPOUR

Electronic Signature of Signing Officer/Director Detail

# FILED Mar 05, 2019 Secretary of State 5288029117CC

Certificate of Status Desired: No

03/05/2019

03/05/2019 Date

Date