

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


07-17-2003 90027 030 ***150.00

512403

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP -3 PM 9:26

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DOCUMENT # 512403	
1. Entity Name EYE-SITE, INC.	

Principal Place of Business 136 N.E. 2 AVENUE MIAMI FL 33132	Mailing Address 136 N.E. 2 AVENUE MIAMI FL 33132
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-1706297		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FRANKEL, ELYSE 21150 HIGHLAND LAKES BLVD NO. MIAMI BCH. FL 33169		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRANKEL, ELYSE 21150 HIGHLAND LAKES DRIVE NO. MIAMI BCH. FL 33169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T ROTH, IRWIN 40 WEST SAN MARINO DR. MIAMI BCH. FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** **7-14-03** **805-331-2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034 (4/03)

2/2

August 28, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Attention: Andy Dunlap
Document Specialist Supervisor

Re: Eye Site, Inc. – Employer ID # 59-1706297
Your Reference # 512403

Dear Mr. Dunlap

My husband wrote you before explaining that I was out of town and expected my associates to take care of all the bills. The reason they did not pay this is because they never received the first report. I got back into town, saw the second request and paid it immediately. I searched the office and did not find the first report and believe we did not receive it. If you look up my record you will see I have always paid it on time.

I appreciate your consideration in this matter.

Sincerely,



Selma Roth
Eye Site, Inc.
136 N.E. 2nd Avenue
Miami, Florida 333132
Tel: (305) 371-2020