

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709169

1. Entity Name

DADE COUNTY OPTOMETRIC ASSOCIATION, INC.

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90033 023 ****61.25

Principal Place of Business

1825 NE 164TH ST
N. MIAMI BEACH FL 33162

Mailing Address

1825 NE 164TH ST
N. MIAMI BEACH FL 33162-4100

2. Principal Place of Business

3001 W 12 Ave
Suite 9
Hialeah FL

3. Mailing Address

3552 MAGELLAN Circle
124
Aventura



DO NOT WRITE IN THIS SPACE

City & State
Hialeah FL

City & State
Aventura

4. FEI Number
59-2017621

Applied For
Not Applicable

Zip
33012 Country
Miami Dade

Zip
33180 Country
Miami Dade

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

6. Name and Address of Current Registered Agent

TESCHER, DR EDWARD
1825 NE 164TH ST
N. MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

Name
JOSE A. CASTILLO O.D.
Street Address (P.O. Box Number is Not Acceptable)
3001 W 12 Ave, Suite 9
Hialeah, FL 33012
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

Signature, typed printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BALIUS, EMILIO 16400 NW 2ND AV #201 NORTH MIAMI BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELIX, ALONSO 1353 CORAL WAY MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, PEARL 6651 S DIXIE HWY SOUTH MIAMI FL 33133	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DWARDS, ALMOND 6823 NW 15 AVENUE MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTH, DAVID 138 NE 2 AVENUE MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President KERI Domella 3552 Magellan Circle Aventura FL 33180	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bill Altomaga Treasurer 2333 Ponce de Leon Blvd #314 Coral Gables FL 33134	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Yolanda J. Bugarin PO Box 14706 Coral Gables, FL 33114	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President JOSE A. CASTILLO 3001 W 12 Ave Suite 9 Hialeah, FL 33012	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)