2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
05-01-2002 91557 044 ****61.25

DOCUMENT # 709169

1. Entity Name

DADE COUNTY OPTOMETRIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3001 W 12 AVE SUITE 9 HIALEAH FL 33012	3552 MAGELLAN CIRCLE 124 AVENTURA FL 33180

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	4871 NW 99th Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Miami FL
Zip / Country	Zip: 33178 / Country: DADE

4. FEI Number: 59-2017621 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CASTILLO, JOSE A 3001 W 12 AVE SUITE 9 HIALEAH FL 33012	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.

SIGNATURE _____
Signature, typed or 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP POMELLA, KERI 3552 MAGELLAN CIRCLE AVENTURA FL 33180	☐ Delete	TITLE D PAST PRESIDENT Pomella Keri 3552 Magellan Cir # 124 Aventura FL 33180	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ALTONAGA, BILL 2333 PONCE DE LEON BLVD, #314 CORAL GABLES FL 33134	☐ Delete	TITLE T Treasurer Moennichmeyer Tanja 521 NE 50 Terr. Miami FL 33137	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BOGARIN, YOLANDA PO BOX 14-4706 CORAL GABLES FL 33114	☐ Delete	TITLE S Secretary Casas, Marta L. 4871 NW 99th Ct. Miami FL 33178.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CASTILLO, JOSE A 3001 W 12 AVE, STE 9 HIALEAH FL 33012	☐ Delete	TITLE D President Susanna Tamkins 4141 Bonita Ave Miami FL 331 33	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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 REQUIRED 04/15/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #