

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91078 047 ****70.00

DOCUMENT # F96000000176

1. Entity Name

PARTNERS IN VISION INTERNATIONAL INC.

Principal Place of Business

Mailing Address

3645 RUFFIN RD.
 STE 300
 SAN DIEGO CA 92123

3645 RUFFIN RD.
 STE 300
 SAN DIEGO CA 92123

2. Principal Place of Business

3. Mailing Address

3645 Ruffin Rd.

3645 Ruffin Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 300

Suite 300

City & State

City & State

San Diego CA

San Diego CA

Zip Country

Zip Country

92123 USA

92123 USA

4. FEI Number

45-0406814

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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	PD	<input type="checkbox"/> Delete
NAME	MATSON, RICHARD	
STREET ADDRESS	11395 LEGACY TERRACE	
CITY-ST-ZIP	SAN DIEGO CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	OPPERMAN, MELUNDA	
STREET ADDRESS	15894 LYONS VLY RD PO 43	
CITY-ST-ZIP	JAMUL CA 91935	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CARR, THOMAS	
STREET ADDRESS	20061 SUNSET OAKS DRIVE	
CITY-ST-ZIP	RAMONA CA 92065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gregg Tahmisian	
STREET ADDRESS	3645 Ruffin Rd. #300	
CITY-ST-ZIP	San Diego, CA 92123	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 empowers.

SIGNATURE:

Richard G. Matson
SIGNATURE REQUIRED

4/30/01

858-268-3203

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)