

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000000176

1. Entity Name

PARTNERS IN VISION INTERNATIONAL INC.

Principal Place of Business

3645 RUFFIN ROAD
SUITE 300
SAN DIEGO CA 92123

Mailing Address

3645 RUFFIN ROAD
SUITE 300
SAN DIEGO CA 92123

2. Principal Place of Business

3645 Ruffin Rd.

3. Mailing Address

3645 Ruffin Rd.

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

City & State

San Diego, CA

City & State

San Diego, CA

4. FEI Number

45-0406814

Applied For

Not Applicable

Zip

92123

Country

USA

Zip

92123

Country

USA

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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, MELINDA	
STREET ADDRESS	15894 LYONS VIY 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	D	<input type="checkbox"/> Delete
NAME	TAHMISIAN, GREGG	
STREET ADDRESS	3645 RUFFIN ROAD # 300	
CITY-ST-ZIP	SAN DIEGO CA 92123	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	<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	<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 empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

858-268-3203

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)